TEXAS Health and Human Services | Texas Department of State Health Services

Center for Health Statistics
Texas Health Care Information Collection

TEXAS EMERGENCY DEPARTMENT
PUBLIC USE DATA FILES
USER MANUAL
2021

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BACKGROUND

The 2014-15 General Appropriations Act, S.B. 1, 83rd Texas Legislature, Regular Session, 2013 (Article II, Department of State Health Services [DSHS], Rider 93) specified that DSHS shall collect hospital emergency department (ED) data as set forth in Chapter 108, Texas Health and Safety Code (THSC).

DSHS began collecting ED data from hospitals on January 1, 2015 per 25 Texas Administrative Code (TAC) Sections 421.71-421.79, and in conjunction with the collection of inpatient and outpatient data.

Senate Bill (SB) 7 (82nd Texas Legislature First Called Special Session) SECTION 7.06 repealed the facility exemption sections in Chapter 108 effective September 1, 2014. Rules were adopted implementing the rural provider requirements to begin with January 1, 2015, data.

The Freestanding Emergency Medical Care Facilities (FEMCF) data collection began on October 1, 2020, under the amended rules in 25 TAC Sections 421.71 – 421.79.

THSC Section 108.012 authorizes DSHS to charge the data requestor a standard fee to recoup funds for sustaining the program processing the data.

TEXAS EMERGENCY DEPARTMENT PUBLIC USE DATA FILES

The Texas Emergency Department Public Use Data Files include data from Inpatient "Public Use Data Files" (PUDF) and the Outpatient PUDF. The Inpatient PUDF contains patient-level information for patients which were admitted into the hospital for care. The inpatient hospital stay may last several hours to days, weeks or years, depending upon the condition or status of the patient before being discharged; the Outpatient PUDF contains patient-level information for outpatient services that does not go more than twenty-four (24) hours from the time they are being treated in the hospital or freestanding emergency medical care facility (FEMCF). DSHS only collect data from these hospitals and FEMCFs in which patient's received one or more procedures that included invasive surgical procedures or imaging/radiological procedures and all hospital emergency department (ED) visits.

The providers/submitters must submit, correct and certify their data according to the schedule specified in 25 TAC Sections 421.1, 421.6 and 421.7, for inpatient ED records and 421.73, 421.75 and 421.76 for outpatient ED records (which references 25 TAC Sections 421.63, 421.65 and 421.66). The reporting schedules are also posted on the DSHS/THCIC webpage at http://www.dshs.texas.gov/THCIC/datareportingschedule.shtm. This means

that the Hospital PUDF and FEMCF ED PUDF reflect a snapshot in time and each quarter may contain some inpatient encounter records or outpatient event records dated in the previous quarter (i.e., for a complete calendar year of data, be sure to check the first quarter of the following year).

The ED PUDF contains:

- Inpatient (IP) Base Data #1 File – This file contains the required data elements. For example, codes regarding: Facility Identifier; Principal Diagnosis; Other Diagnoses; External Cause of Injury; Principal Procedure; Other Procedures; Diagnosis Related Group; Type of Admission; Source of Admission; Length of Stay; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code, Patient Status, Primary Payment Source and other data used for most research topics.

- IP Base Data #2 File – This file contains most of the situationally required data elements and some calculated fields. For example, codes regarding: Condition Code; Value Code; Occurrence Code, Occurrence Day, Charge amounts for Service Pay Groups; and other information that may be useful regarding the inpatient stay research.

- IP Charges File - This file contains charges data. This file can be linked with the other IP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products.

- Outpatient (OP) Base Data File – This file contains the required data elements. For example, codes regarding: Facility Identifier; Diagnoses; External Cause of Injury; Procedures; Diagnosis Related Group; Charge amounts for Service Pay Groups; Patient Ethnicity; Patient Race; Patient Residence City, County, ZIP code; Patient Status, Source of Admission; Primary Payment Source, and other data used for most research topics.

- OP Classification Data File – This file contains calculated data elements and classifiers assigned by THCIC. Clinical Classification Software codes; and, Clinical Risk Group codes, status and severity.

- OP Charges File -This file contains charges data. This file can be linked with the other OP data files via the Record ID. This file contains information regarding the revenue codes, modifiers and specific charges for services or products. This file also contains Enhanced Ambulatory Patient Grouping codes and Ambulatory Payment Classification information.

- Facility Type Data File -This file contains the information about specialty units or specific types of services provided at the hospitals or FEMCFs.

The following supplementary information is provided along with the ED PUDF:

- Hospital/ASC/FEMCF Comments File – This PDF file contains any comments that the facilities included when they submitted and certified their inpatient data.

- Outpatient Facility Comments File – This PDF file contains any comments that the hospitals, ASCs and FEMCFs included when they reviewed and certified their outpatient data.

- Facility Reporting Status Document (Inpatient and Outpatient) – These documents provide information about whether the hospitals, ASCs or FEMCFs reported any data. It also indicates whether they reported low numbers and their identification was masked in the data, reported no discharges, or if they closed or were out of compliance, and whether they submitted any comments about their data.

The 2021 ED PUDF is available in seven fixed length or tab-delimited format text files: Inpatient Base Data #1, Inpatient Base Data #2, Inpatient Charges, Outpatient Base Data, Outpatient Classification Data, Outpatient Charges, and Facility Type Data files. The sizes of the files are as follows:

First quarter, 809 facilities:

IP Base Data #1	410,049 records	166 variables	Fixed field format	314 MB	Tab-delimited	172 MB
IP Base Data #2	410,049 records	99 variables	Fixed field format	254 MB	Tab-delimited	108 MB
IP Charges	11,323,735 records	13 variables	Fixed field format	886 MB	Tab-delimited	547 MB
OP Base Data	2,385,430 records	128 variables	Fixed field format	2,013 MB	Tab-delimited	950 MB
OP Classification Data	2,385,430 records	83 variables	Fixed field format	644 MB	Tab-delimited	324 MB
OP Charges	20,991,869 records	19 variables	Fixed field format	2,142 MB	Tab-delimited	1,668 MB
Facility Type Data	809 records	33 variables	Fixed field format	72 KB	Tab-delimited	61 KB

Second quarter, 813 facilities:

IP Base Data #1	411,152 records	166 variables	Fixed field format	315 MB	Tab-delimited	171 MB
IP Base Data #2	411,152 records	99 variables	Fixed field format	255 MB	Tab-delimited	108 MB
IP Charges	9,681,691 records	13 variables	Fixed field format	757 MB	Tab-delimited	464 MB
OP Base Data	2,625,684 records	128 variables	Fixed field format	2,216 MB	Tab-delimited	1,048 MB
OP Classification Data	2,625,684 records	83 variables	Fixed field format	709 MB	Tab-delimited	357 MB
OP Charges	23,156,146 records	19 variables	Fixed field format	2,363 MB	Tab-delimited	1,838 MB
Facility Type Data	813 records	33 variables	Fixed field format	72 KB	Tab-delimited	61 KB

The data must be imported into a software application. The ED PUDF does not include software for analyzing the data. The data files have been tested with several software applications including Microsoft Access 2016 (software limits may not allow all data to be loaded), Microsoft Excel 2016 (software limits may not allow all data to be loaded), SAS 9.4, and IBM SPSS Statistics 24. Please note that files containing more than 1,048,576 records will not fit on a single Microsoft Excel 2016 worksheet.

DATA PROCESSING AND QUALITY

Each hospital, and FEMCF is responsible for the accuracy and completeness of its data. Even so, DSHS' vendor uses an automated process to audit each record for consistency and conformity with the definitions stated in the data specification manual. Records failing an audit are marked as errors and the hospital, and FEMCF is notified of the errors. The hospital and FEMCF may either correct and upload the data, or accept the data as is submitted.

Following the correction process, DSHS uses valid claims data to build files of "encounters"; one encounter contains the final discharge and all related interim claims information for a patient. Then, each submitting hospital and FEMCF has an opportunity to review its data and correct any known or previously unidentified errors, such as mapping errors (codes that had valid code responses but were not correct for the patient record). Hospitals and FEMCFs may certify the encounter data with or without comments. The comments may provide information about the hospital, and FEMCF's data submission or correction process. For example, a hospital or FEMCF comment may indicate whether the facility changed vendors during the quarter and there are codes that did not get mapped properly, or whether the facility could not submit corrections before the deadline for corrections ends.

Finally, DSHS builds a final inpatient encounter and separate outpatient event file that includes all data for those datasets, including the corrected data submitted by the hospitals and FEMCFs. DSHS staff checks and adjusts for missing values and invalid codes in this file before the ED PUDF is generated. Users are advised to examine every data element to be used for missing values and invalid codes, and to read accompanying notes, comments, and other descriptive text.

PATIENT/PHYSICIAN CONFIDENTIALITY

The legislative intent behind the creation of the ED PUDF was that the data and resulting information be used for the benefit of the public. This is specified in THSC Section 108.013. THSC Section 108.013(c) also stipulates that DSHS may not release and a person or entity may not gain access to any data that

could reasonably be expected to reveal the identity of a patient or physician. Any effort to determine the identity of any person violates THSC Section 108.013 and may incur civil or criminal penalties as stated in THSC Sections 108.014 and 108.0141, respectively. In addition, under THSC Sections 108.013(e) and (f), data and information collected by the DSHS under this statute that identifies a patient and/or physician in the ED PUDF cannot be used for discovery, subpoena, or other means of legal compulsion or in any civil, administrative, or criminal proceeding. Pursuant to THSC Section 108.013, DSHS excludes all direct personal and demographic identifiers (e.g., names, address, patient identifiers, admission and discharge dates) that might lead to the identification of a specific patient from the PUDF.

Additionally, to protect patient identities, DSHS has suppressed these data elements in this release of the PUDF (suppression procedures were applied separately within inpatient and outpatient data):

- The last two digits of the patient's ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code.
- The ZIP code is changed to '88888' for patients from states other than Texas and the adjacent states (i.e., Arkansas, Louisiana, New Mexico, and Oklahoma).
- The entire ZIP code and gender code are suppressed if the ICD-10-CM code indicates alcohol use, drug use, or an HIV-STD diagnosis.
- The entire ZIP code and provider name are suppressed if a hospital, or FEMCF has fewer than five discharges for a hospital or five visits to a FEMCF of a particular gender, including ‘unknown’. The provider ID is changed to '999998'.
- The entire ZIP code is suppressed if a hospital or FEMCF has fewer than fifty discharges in a quarter. The provider ID is changed to ‘999999’.
- The country code is suppressed if the country field has fewer than five discharges for that quarter.
- The county code is suppressed if a county has fewer than five discharges for that quarter.
- Age is represented by 22 age group codes for the general patient population and 5 age group codes for patients with one or more diagnosis codes indicating an HIV-STD diagnosis, alcohol use, or drug use.
- Race is changed to ‘Other’ and ethnicity is suppressed if a hospital, an ASC, or an FEMCF has fewer than ten discharges of a particular race code.

Substance Abuse and Mental Health Services Administration (SAMHSA) new rules:

On January 18, 2017, Substance Abuse and Mental Health Services Administration (SAMHSA) passed rules for the protection of patients covered under 42 USC §290dd-2 and 42 CFR Part 2 rules (Mental Health and Substance Abuse patients and HIV patients).

The federal rules require that patients' names, identifiers (ZIP code, city, address, county, and any geographic identifiers below the state level), sex and dates (date of birth, statement from dates, statement through dates and procedure dates) be modified and/or masked in the THCIC Public Use Data Files (PUDF) and Research Data Files (RDF).

Texas Department of State Health Services (DSHS) proposed rules regarding the collection and release of the data regarding those patients covered by the federal rules, which were adopted, published in the January 25, 2019, Texas Register on page 44 TexReg 429 and became effective January 30, 2019.

Beginning with second quarter 2018, the inpatient, outpatient and emergency department public use datasets and any research datasets approved by the DSHS IRB will be appropriately masked for protection.

To protect physician identities in inpatient data provided by hospitals, and FEMCFs, THSC Sections 108.002 (17), 108.009, and 108.011 require creation of a uniform identification number for physicians in practice. Uniform physician identifiers are available except when the number of physicians represented in a Diagnosis-Related Group (DRG) or Enhanced Ambulatory Patient Grouping (EAPG) for a hospital or an FEMCF is less than the minimum cell size of five.

It may be possible in rare instances, or through complex analysis and with outside information, to ascertain from the PUDF the identity of individual patients. Considerable harm could result if this were done. PUDF users are required to sign and comply with the DSHS Emergency Department Data Use Agreement in the Application before shipment of the PUDF. The Data Use Agreement prohibits attempts to identify individual patients or physicians. A person who knowingly or negligently releases or accesses this data with criminal intent may incur a penalty. Civil and/or criminal penalties may be assessed under THSC Sections 108.014 and 108.0141.

RESTRICTIONS ON DATA USE

Users of the ED PUDF are cautioned about using less than a year of data to make any hospital, or FEMCF quality assumptions.

THSC Sections 108.013(c)(1) and (2) and 108.013(g) prohibit DSHS from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specifically authorized by the Act. Any effort to determine the identity of any patient or

physician or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the Chapter 108, THSC protection processes and the Data Use Agreement. By virtue of the Agreement, the signer agrees that the data will not be used to identify an individual patient or physician. Because of these restrictions, under no circumstances will users of the data contact an individual patient or physician or hospital, or FEMCF for the purpose of verifying information supplied in the DSHS ED PUDF. Any questions about the data must be referred to DSHS only. DSHS does not assist with data analysis. The data are protected by United States copyright laws and international treaty provisions.

In the Texas Emergency Department PUDF Data Use Agreement, the purchaser and end-user of the data are referred to as the "licensee". To acquire the data, the licensee must give the following assurances with respect to the use of DSHS ED PUDF:

- The licensee will not release nor permit others to release the individual patient records or any part of them to any person who is not a staff member of the organization that has acquired the data, except with the written approval of DSHS;
- The licensee will not attempt to link nor permit others to attempt to link the hospital, or FEMCF stay records of patients in this data set with personally identifiable records from any other source, including any THCIC research data files;
- The licensee will not release nor permit others to release any information that identifies patients, directly or indirectly;
- The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician;
- The licensee will not permit others to copy, sell, rent, license, lease, loan, or otherwise grant access to the data covered by the Data Use Agreement to any other person or entity, unless approved in writing by DSHS;
- The licensee agrees to read the User Manual and to be cognizant of the limitations of the data;
- The licensee will use the following citation in any publication of information from this file:

  Texas Emergency Department Public Use Data Files, [quarter and year of data]. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication];

- The licensee will indemnify, defend, and hold the DSHS, its members, employees, and the Department's contract vendors harmless from any and all claims and losses accruing to any person as a result of violation of this agreement; and
- The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.

The licensee understands that these assurances are collected by DSHS to assure compliance with its statutory confidentiality requirement. The signature on behalf of the licensee indicates the licensee's agreement to comply with the above-stated requirements with the knowledge that under THSC Sections 108.014 and 108.0141 to knowingly or negligently release data in violation of this agreement is punishable by a fine of up to $10,000 and an offense is a state jail felony. By signing the Data Use Agreement, the licensee (or PUDF user) has been informed that the potential for both civil and criminal penalties exist.

Users of report generating software to access the PUDF are required to purchase a license to use the data.

DATA LIMITATIONS

(Users are advised to become familiar with the data limitations.)

- THSC Section 108.009(h) requires that a uniform submission format be used for reporting purposes. Beginning with 2005, all data are collected from the THCIC 837 format (a modified version of the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, 837, ASC X12N 837 and Professional, ASC X12N, and the addenda).
- Up to 25 diagnosis codes, up to 25 procedure codes, and up to 10 external cause of injury codes can be submitted. Sicker patients may not be accurately represented in the data. This may also result in total volume and percentage calculations for diagnoses and procedures not being complete.
- Gender is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, or an HIV-STD diagnosis. Suppression of this data element is applied separately within inpatient and outpatient data sets.
- The last two digits of the ZIP code are suppressed if there are fewer than thirty patients included in the ZIP code. The entire ZIP code is suppressed for patients with an ICD-10-CM code that indicates drug use, alcohol use, an HIV-STD diagnosis, or if a hospital, or an FEMCF has fewer than five discharges of a particular gender, including 'unknown'.

ZIP code is changed to '88888' for patients from a state other than Texas and not from an adjacent state. If the ZIP code is changed to '88888' the state abbreviation is changed to 'ZZ'. Suppression of the ZIP code is applied separately within inpatient and outpatient data sets.

- Patient race and ethnicity data are required by law and rule to be submitted for each patient. Generally, these data are not collected by facilities directly from the patient and may be subjectively captured and reported by the facilities.
- Inaccuracies in the data and incompleteness of the data would be addressed in the hospital, or FEMCF's comments if submitted by the providing facilities.
- County of residence is not collected by provider facilities. County Federal Information Processing Standard (FIPS) codes are assigned by DSHS based on patient ZIP code.
- For hospital emergency department patient visits that are admitted to the hospital and included in the inpatient discharge data, DSHS assigns the Risk of Mortality and Severity of Illness scores using methodology designed by 3M. These scores may be affected by the number of diagnoses and procedure codes collected by DSHS or by the facility's information system and may be understated.
- Diagnosis present on admission indicator codes (POA) are required for all hospitals submitting inpatient discharge data, except Critical Access Hospitals, inpatient rehabilitation hospitals, inpatient psychiatric hospitals, children's or pediatric hospitals, and long-term care hospitals. Some acute care hospitals that have special units similar to the hospitals exempted from reporting POA may not include POA codes for those patients. POA codes are not required and therefore not available for outpatient data.
- Admission Source as reported by hospitals and FEMCFs is suppressed, as recommended by the previous THCIC Council, when the Admission Type is 'newborn'. Data users can use ICD-10-CM codes to correctly identify the clinical status of newborns.
- Comparability of inpatient length of stay (LOS) across hospitals is affected by factors such as case-mix and severity complexity, payer-mix, market areas and hospital ownership, affiliation or teaching status. Any analysis of inpatient LOS at the hospital level should consider the above factors.
- Any analysis of mortality should note that the data reflect only patients who died in the hospital, or FEMCF and not those who died after discharge from the hospital, or FEMCF.
- The data are a snapshot in time. Hospitals, and FEMCFs must submit data no later than 60 days after the close of a calendar quarter. Depending on hospital, and FEMCFs' collection and billing cycles, not all inpatient discharge encounters from ED visits or outpatient ED visits may

have been billed or reported during the particular quarter the patient received the services. Those services may appear in the following quarter's data. This can affect the accuracy of source of payment data, particularly self-pay and charity that may later qualify for Medicaid, Medicare, or other payment sources.

- Updates to PUDF records, if any, are available through the THCIC website, http://www.dshs.texas.gov/thcic/, which should be checked periodically as notifications of an update will be posted on it.
- DSHS collects data from all hospitals, and FEMCFs in the state not specifically exempted (and not owned by the United States of America). Some hospitals may be exempted for certain situations (for example, natural or other disasters, or other unusual conditions) for limited time periods.
- The healthcare facility patient mix (the types of patients treated at healthcare facilities vary, due to the healthcare facility's interest and specialty services availability) should be considered when drawing conclusions about the data or making comparisons with other data.
- Any conclusions drawn from the data are subject to errors caused by the inability of the facility to communicate complete data due to form constraints, subjectivity in the assignment of codes, system mapping, and clerical error. The data are submitted by providers as their best effort to meet statutory requirements.

HOSPITAL COMMENTS FILE & OUTPATIENT FACILITY COMMENTS FILE

(Users are advised to consider hospital, and freestanding emergency medical care facilities (FEMCF) comments in any analysis of the data.)

Included with the ED PUDF are two separate files ("Hospital Comments File" and (Outpatient Facility Comments File") containing the unedited comments (except for removal of individual identifying information) submitted by hospitals, and FEMCFs at the time of data certification. Comments relating to individual data elements should be considered in any analysis of those data elements. These comments express the opinions of individual hospitals, and FEMCFs (or physicians or healthcare practitioners within those hospitals) and are not necessarily the views of the DSHS. Hospitals that submitted comments are identified in two separate files called the 'Hospital Comments' (for inpatient data) and 'Outpatient Facility Comments' (for outpatient data).

CITATION

Any statistical reporting or analysis based on the data shall cite the source as the following:

Texas Emergency Department Data Set, [quarter and year of data*].* Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. [date of publication].

Texas Emergency Department Data Set

DATA DICTIONARY

The purpose of this document is to provide the user with the necessary information to use and understand the data in the Texas Emergency Department (ED) Data Set. The following information is provided:

Field	Unique, abbreviated name of the data element.
Description	Brief explanation of the data element. Descriptions of data elements are taken from specifications manuals
Data Source	Provided by the health care facility on the claim form (Claim) Provided to THCIC by the healthcare facility (Provider) Assigned by DSHS (Assigned) Calculated by DSHS (Calculated) Note: For those data elements that have been temporarily suppressed, the quarter of data for which the data element will be released is noted following the Data Source.
Type	Alphanumeric or numeric
Coding scheme	Valid codes for a data field. Values taken from specifications manuals.

Note a change: Any code provided by a facility that has been determined to be invalid has been assigned the "back quote" value ` (Backtick, Back quote, Grave accent mark).
Any data element that is blank should be interpreted as 'missing', no data provided, unless otherwise noted.

INPATIENT BASE DATA #1 FILE

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Inpatient PUDF is not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 2:	**DISCHARGE**		
Description:	Discharge Quarter. Year and quarter of discharge. *yyyyQn*.		
Beginning Position:	13	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 3:	**THCIC_ID**		
Description:	Provider ID. Unique identifier assigned to the provider by DSHS.		

Suppression: Hospitals with fewer than 50 discharges have been aggregated into the Provider ID '999999'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Provider ID is '999998'.

Beginning Position:	19	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric

Field 4: **TYPE_OF_ADMISSION**

Description: Code indicating the type of admission

Coding Scheme:

1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma
9	Information not available
`	Invalid

Beginning Position:	25	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 5: **SOURCE_OF_ADMISSION**

Description: Code indicating source of the admission.

Coding Scheme:

1	Non-Healthcare Facility Point of Origin (Beginning July 1, 2010)
2	Clinic or Physician's Office
4	Transfer from a hospital
5	Transfer from a skilled nursing facility, intermediate care facility or assisted living facility
6	Transfer from another health care facility
8	Court/Law Enforcement
9	Information not available
D	Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
E	Transfer from Ambulatory Surgery Center
F	Transfer from a Hospice Facility
`	Invalid

If Type of Admission=4 (Newborn)

5	Born inside this hospital
6	Born outside this hospital

Beginning Position:	26	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 6: **SPEC_UNIT_1**

Description: Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code.

Coding Scheme:

C	Coronary Care Unit	P	Pediatric Unit
D	Detoxification Unit	Y	Psychiatric Unit
I	Intensive Care Unit	R	Rehabilitation Unit
H	Hospice Unit	U	Sub-acute Care Unit
N	Nursery	S	Skilled Nursing Unit
B	Obstetric Unit	Blank	Acute Care
O	Oncology Unit		

Beginning Position:	27	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric

Field 7: **SPEC_UNIT_2**

Description: Specialty Units in which 2nd most days during stay occurred based on number of days by Type of Bill or Revenue Code.

Coding Scheme: Same as SPEC_UNIT_1.

Beginning Position:	28	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric

Field 8: **SPEC_UNIT_3**

Description: Specialty Units in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code.

Coding Scheme: Same as SPEC_UNIT_1.

Beginning Position:	29	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric

Field 9: **SPEC_UNIT_4**

Description: Specialty Units in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code.

Coding Scheme: Same as SPEC_UNIT_1.

Beginning Position:	30	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric

Field 10:	**SPEC_UNIT_5**		
Description:	Specialty Units in which 5th most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.		
Beginning Position:	31	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric

Field 11:	**PAT_STATE**		
Description:	State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation.		
Coding Scheme:	AR Arkansas LA Louisiana NM New Mexico OK Oklahoma TX Texas ZZ All other states and American Territories FC Foreign country XX Foreign country		
Beginning Position:	32	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 12:	**PAT_ZIP**		
Description:	Patient's five-digit ZIP code.		
Suppression:	Last two digits are blank if a ZIP code has fewer than 30 discharges. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV-STD diagnosis the ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules) the ZIP code is reported as "`" (back quote). If a hospital has fewer than fifty discharges the ZIP code is blank. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', the ZIP Code is blank.		
Beginning Position:	34	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 13:	**PAT_COUNTRY**		
Description:	Country of patient's residential address. List maintained by the International Organization for Standardization (ISO). If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the country is reported as "`" (back quote).		
Suppression:	Suppressed if fewer than 5 patients from one country.		
Coding scheme:	See *www.ISO.org* for complete list.		
Beginning Position:	39	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 14:	**PAT_COUNTY**		
Description:	FIPS code of patient's county.		
Coding scheme:			

001	Anderson	037	Bowie	073	Cherokee	109	Culberson
003	Andrews	039	Brazoria	075	Childress	111	Dallam
005	Angelina	041	Brazos	077	Clay	113	Dallas
007	Aransas	043	Brewster	079	Cochran	115	Dawson
009	Archer	045	Briscoe	081	Coke	117	Deaf Smith
011	Armstrong	047	Brooks	083	Coleman	119	Delta
013	Atascosa	049	Brown	085	Collin	121	Denton
015	Austin	051	Burleson	087	Collingsworth	123	Dewitt
017	Bailey	053	Burnet	089	Colorado	125	Dickens
019	Bandera	055	Caldwell	091	Comal	127	Dimmit
021	Bastrop	057	Calhoun	093	Comanche	129	Donley
023	Baylor	059	Callahan	095	Concho	131	Duval
025	Bee	061	Cameron	097	Cooke	133	Eastland
027	Bell	063	Camp	099	Coryell	135	Ector
029	Bexar	065	Carson	101	Cottle	137	Edwards
031	Blanco	067	Cass	103	Crane	139	Ellis
033	Borden	069	Castro	105	Crockett	141	El Paso
035	Bosque	071	Chambers	107	Crosby	143	Erath

145	Falls	239	Jackson	333	Mills	427	Starr
147	Fannin	241	Jasper	335	Mitchell	429	Stephens
149	Fayette	243	Jeff Davis	337	Montague	431	Sterling
151	Fisher	245	Jefferson	339	Montgomery	433	Stonewall
153	Floyd	247	Jim Hogg	341	Moore	435	Sutton
155	Foard	249	Jim Wells	343	Morris	437	Swisher
157	Fort Bend	251	Johnson	345	Motley	439	Tarrant
159	Franklin	253	Jones	347	Nacogdoches	441	Taylor
161	Freestone	255	Karnes	349	Navarro	443	Terrell
163	Frio	257	Kaufman	351	Newton	445	Terry
165	Gaines	259	Kendall	353	Nolan	447	Throckmorton
167	Galveston	261	Kenedy	355	Nueces	449	Titus
169	Garza	263	Kent	357	Ochiltree	451	Tom Green
171	Gillespie	265	Kerr	359	Oldham	453	Travis
173	Glasscock	267	Kimble	361	Orange	455	Trinity
175	Goliad	269	King	363	Palo Pinto	457	Tyler
177	Gonzales	271	Kinney	365	Panola	459	Upshur
179	Gray	273	Kleberg	367	Parker	461	Upton
181	Grayson	275	Knox	369	Parmer	463	Uvalde
183	Gregg	283	La Salle	371	Pecos	465	Val Verde
185	Grimes	277	Lamar	373	Polk	467	Van Zandt
187	Guadalupe	279	Lamb	375	Potter	469	Victoria
189	Hale	281	Lampasas	377	Presidio	471	Walker
191	Hall	285	Lavaca	379	Rains	473	Waller
193	Hamilton	287	Lee	381	Randall	475	Ward
195	Hansford	289	Leon	383	Reagan	477	Washington
197	Hardeman	291	Liberty	385	Real	479	Webb
199	Hardin	293	Limestone	387	Red River	481	Wharton
201	Harris	295	Lipscomb	389	Reeves	483	Wheeler
203	Harrison	297	Live Oak	391	Refugio	485	Wichita
205	Hartley	299	Llano	393	Roberts	487	Wilbarger
207	Haskell	301	Loving	395	Robertson	489	Willacy
209	Hays	303	Lubbock	397	Rockwall	491	Williamson
211	Hemphill	305	Lynn	399	Runnels	493	Wilson
213	Henderson	307	McCulloch	401	Rusk	495	Winkler
215	Hidalgo	309	McLennan	403	Sabine	497	Wise
217	Hill	311	McMullen	405	San Augustine	499	Wood
219	Hockley	313	Madison	407	San Jacinto	501	Yoakum
221	Hood	315	Marion	409	San Patricio	503	Young
223	Hopkins	317	Martin	411	San Saba	505	Zapata
225	Houston	319	Mason	413	Schleicher	507	Zavala
227	Howard	321	Matagorda	415	Scurry		
229	Hudspeth	323	Maverick	417	Shackelford	`	Invalid
231	Hunt	325	Medina	419	Shelby		
233	Hutchinson	327	Menard	421	Sherman		
235	Irion	329	Midland	423	Smith		
237	Jack	331	Milam	425	Somervell		

Beginning Position: 41 **Data Source:** Assigned; based on patient ZIP code
Length: 3 **Type:** Alphanumeric

Field 15: **PUBLIC_HEALTH_REGION**
Description: Public Health Region of patient's address.
Coding Scheme:
1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties

4	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
5	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
6	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties
7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
8	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties
`	Invalid

Beginning Position:	44	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric

Field 16: **PAT_STATUS**

Description: Code indicating patient status as of the ending date of service for the period of care reported

Coding Scheme:

01	Discharged to home or self-care (routine discharge)
02	Discharged to other short term general hospital
03	Discharged to skilled nursing facility
04	Discharged to intermediate care facility
05	Discharged/transferred to a Designated Cancer Center or Children's Hospital
06	Discharged to care of home health service
07	Left against medical advice
08	Discharged to care of Home IV provider
09	Admitted as inpatient to this hospital
20	Expired
21	Discharged/transferred to Court/Law Enforcement
30	Still patient
40	Expired at home
41	Expired in a medical facility
42	Expired, place unknown
43	Discharged/transferred to federal health care facility
50	Discharged to hospice–home
51	Discharged to hospice–medical facility
61	Discharged/transferred within this institution to Medicare-approved swing bed
62	Discharged/transferred to inpatient rehabilitation facility
63	Discharged/transferred to Medicare-certified long term care hospital
64	Discharged/transferred to Medicaid-certified nursing facility
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
66	Discharged/transferred to Critical Access Hospital (CAH)
69	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
70	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
71	Discharged/transferred to other outpatient service
72	Discharged/transferred to institution outpatient
81	Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
82	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
85	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
86	Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
89	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

90 Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

91 Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

92 Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

93 Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

94 Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

95 Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)

` Invalid

Beginning Position:	46	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 17: **SEX_CODE**

Description: Gender of the patient as recorded at date of admission or start of care.

Suppression: Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV-STD diagnosis. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as "U" (Unknown). If a hospital has fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Hospital Name and Patient ZIP Code are blank for those patients.

Coding Scheme:
M Male
F Female
U Unknown
` Invalid

Beginning Position:	48	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 18: **RACE**

Description: Code indicating the patient's race.

Suppression: If a hospital has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).

Coding Scheme:
1 American Indian/Eskimo/Aleut
2 Asian or Pacific Islander
3 Black
4 White
5 Other
` Invalid

Beginning Position:	49	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 19: **ETHNICITY**

Description: Code indicating the Hispanic origin of the patient.

Suppression: If a hospital has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank).

Coding Scheme:
1 Hispanic Origin
2 Not of Hispanic Origin
` Invalid

Beginning Position:	50	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 20: **ADMIT_WEEKDAY**

Description: Code indicating day of week patient is admitted

Coding Scheme:
1 Monday
2 Tuesday
3 Wednesday
4 Thursday
5 Friday
6 Saturday
7 Sunday
` Invalid

Beginning Position:	51	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

Field 21: **LENGTH_OF_STAY**

Description:	Length of stay in days *equals* Statement covers period through date *minus* Admission/start of care date. The minimum length of stay is 1 day. The maximum is 9999 days.		
Beginning Position:	52	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 22: **PAT_AGE**

Description: Code indicating age of patient in days or years on date of discharge.

Coding Scheme:

00	1-28 days	10	35-39	20	85-89
01	29-365 days	11	40-44	21	90+
02	1-4 years	12	45-49	*HIV-STD and drug/alcohol use patients:*	
03	5-9	13	50-54	22	0-17
04	10-14	14	55-59	23	18-44
05	15-17	15	60-64	24	45-64
06	18-19	16	65-69	25	65-74
07	20-24	17	70-74	26	75+
08	25-29	18	75-79	`	Invalid
09	30-34	19	80-84		

Beginning Position: 56 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 23: **FIRST_PAYMENT_SRC**

Description: Code indicating the expected primary source of payment.

Coding Scheme:

09	Self Pay (Removed from 5010 format, beginning 2Q2012 data)	HM	Health Maintenance Organization
10	Central Certification	LI	Liability
11	Other Non-federal Programs	LM	Liability Medical
12	Preferred Provider Organization (PPO)	MA	Medicare Part A
13	Point of Service (POS)	MB	Medicare Part B
14	Exclusive Provider Organization (EPO)	MC	Medicaid
15	Indemnity Insurance	TV	Title V
16	Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program
AM	Automobile Medical	VA	Veteran Administration Plan
BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
CH	CHAMPUS	ZZ	Charity, Indigent or Unknown
CI	Commercial Insurance	``	Codes 09 and ZZ, combined for 2004 & 2005
DS	Disability Insurance	`	Invalid

Beginning Position: 58 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 24: **SECONDARY_PAYMENT_SRC**

Description: Code indicating the expected secondary source of payment.

Coding Scheme: Same as field FIRST_PAYMENT_SRC

Beginning Position: 60 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 25: **TYPE_OF_BILL**

Description: Indicates the specific type of bill.

Coding Scheme:

1st digit–Type of Facility		*2nd digit–Type of Care*		*3rd digit–Sequence of claim*	
1	Hospital	1	Inpatient, including Medicare Part A	0	Non-payment/Zero claim
2	Skilled nursing	2	Inpatient, Medicare Part B only	1	Admit through discharge claim
3	Home health	3	Outpatient	2	Interim–first claim
4	Religious non-medical health care–Hospital	4	Outpatient Other, Medicare Part B only	3	Interim–continuing claim
5	Religious non-medical health care–Extended care	5	Intermediate Care–Level I	4	Interim–last claim
6	Intermediate care	6	Intermediate Care–Level II	5	Late charge(s) only claim
7	Clinic	7	Sub-acute inpatient – Level III	6	Adjustment of prior claim (Not used by Medicare)
8	Special facility	8	Swing bed	7	Replacement of prior claim
				8	Void/cancel of prior claim

Beginning Position: 62 **Data Source:** Claim
Length: 3 **Type:** Alphanumeric

Field 26: **TOTAL_CHARGES**

Description: Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges.

Beginning Position: 65 **Data Source:** Claim
Length: 12 **Type:** Numeric

Field 27: **TOTAL_NON_COV_CHARGES**

Description: Sum of non-covered accommodation charges, non-covered ancillary charges.

Beginning Position: 77 **Data Source:** Claim
Length: 12 **Type:** Numeric

Field 28:	**TOTAL_CHARGES_ACCOMM**		
Description:	Sum of covered and non-covered accommodation charges.		
Beginning Position:	89	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 29:	**TOTAL_NON_COV_CHARGES_ACCOMM**		
Description:	Sum of non-covered accommodations charges.		
Beginning Position:	101	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 30:	**TOTAL_CHARGES_ANCIL**		
Description:	Sum of covered and non-covered ancillary charges.		
Beginning Position:	113	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 31:	**TOTAL_NON_COV_CHARGES_ANCIL**		
Description:	Sum of non-covered ancillary charges.		
Beginning Position:	125	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 32:	**ADMITTING_DIAGNOSIS**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	137	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 33:	**PRINC_DIAG_CODE**		
Description:	ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	144	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 34:	**POA_PRINC_DIAG_CODE**		
Description:	Code identifying whether Principal Diagnosis code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Y Yes N No U Unknown W Clinically Undetermined 1 Space (1st & 2nd Qtr. 2012 only) ` Invalid		
Beginning Position:	151	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 35:	**OTH_DIAG_CODE_1**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	152	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 36:	**POA_OTH_DIAG_CODE_1**		
Description:	Code identifying whether Oth_Diag_Code_1 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	159	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 37:	**OTH_DIAG_CODE_2**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	160	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 38:	**POA_OTH_DIAG_CODE_2**		
Description:	Code identifying whether Oth_Diag_Code_2 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	167	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 39:	**OTH_DIAG_CODE_3**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	168	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 40:	**POA_OTH_DIAG_CODE_3**		
Description:	Code identifying whether Oth_Diag_Code_3 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	175	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 41:	**OTH_DIAG_CODE_4**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	176	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 42:	**POA_OTH_DIAG_CODE_4**		
Description:	Code identifying whether Oth_Diag_Code_4 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	183	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 43:	**OTH_DIAG_CODE_5**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	184	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 44:	**POA_OTH_DIAG_CODE_5**		
Description:	Code identifying whether Oth_Diag_Code_5 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	191	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 45:	**OTH_DIAG_CODE_6**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	192	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 46:	**POA_OTH_DIAG_CODE_6**		
Description:	Code identifying whether Oth_Diag_Code_6 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	199	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 47:	**OTH_DIAG_CODE_7**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	200	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 48:	**POA_OTH_DIAG_CODE_7**		
Description:	Code identifying whether Oth_Diag_Code_7 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	207	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 49:	**OTH_DIAG_CODE_8**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	208	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 50:	**POA_OTH_DIAG_CODE_8**		
Description:	Code identifying whether Oth_Diag_Code_8 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	215	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 51:	**OTH_DIAG_CODE_9**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	216	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 52:	**POA_OTH_DIAG_CODE_9**		
Description:	Code identifying whether Oth_Diag_Code_9 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	223	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 53:	**OTH_DIAG_CODE_10**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	224	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 54:	**POA_OTH_DIAG_CODE_10**		
Description:	Code identifying whether Oth_Diag_Code_10 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	231	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 55:	**OTH_DIAG_CODE_11**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	232	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 56:	**POA_OTH_DIAG_CODE_11**		
Description:	Code identifying whether Oth_Diag_Code_11 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	239	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 57:	**OTH_DIAG_CODE_12**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	240	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 58:	**POA_OTH_DIAG_CODE_12**		
Description:	Code identifying whether Oth_Diag_Code_12 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	247	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 59:	**OTH_DIAG_CODE_13**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	248	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 60:	**POA_OTH_DIAG_CODE_13**		
Description:	Code identifying whether Oth_Diag_Code_13 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	255	**Data Source:**	Claim

Length:	1	**Type:**	Alphanumeric
Field 61:	**OTH_DIAG_CODE_14**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	256	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 62:	**POA_OTH_DIAG_CODE_14**		
Description:	Code identifying whether Oth_Diag_Code_14 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	263	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 63:	**OTH_DIAG_CODE_15**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	264	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 64:	**POA_OTH_DIAG_CODE_15**		
Description:	Code identifying whether Oth_Diag_Code_15 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	271	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 65:	**OTH_DIAG_CODE_16**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	272	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 66:	**POA_OTH_DIAG_CODE_16**		
Description:	Code identifying whether Oth_Diag_Code_16 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	279	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 67:	**OTH_DIAG_CODE_17**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	280	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 68:	**POA_OTH_DIAG_CODE_17**		
Description:	Code identifying whether Oth_Diag_Code_17 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	287	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 69:	**OTH_DIAG_CODE_18**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	288	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 70:	**POA_OTH_DIAG_CODE_18**		
Description:	Code identifying whether Oth_Diag_Code_18 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	295	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 71:	**OTH_DIAG_CODE_19**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	296	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 72:	**POA_OTH_DIAG_CODE_19**		
Description:	Code identifying whether Oth_Diag_Code_19 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	303	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 73:	**OTH_DIAG_CODE_20**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	304	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 74:	**POA_OTH_DIAG_CODE_20**		
Description:	Code identifying whether Oth_Diag_Code_20 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	311	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 75:	**OTH_DIAG_CODE_21**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	312	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 76:	**POA_OTH_DIAG_CODE_21**		
Description:	Code identifying whether Oth_Diag_Code_21 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	319	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 77:	**OTH_DIAG_CODE_22**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	320	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 78:	**POA_OTH_DIAG_CODE_22**		
Description:	Code identifying whether Oth_Diag_Code_22 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	327	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 79:	**OTH_DIAG_CODE_23**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	328	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 80:	**POA_OTH_DIAG_CODE_23**		
Description:	Code identifying whether Oth_Diag_Code_23 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	335	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 81:	**OTH_DIAG_CODE_24**		
Description:	ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	336	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 82:	**POA_OTH_DIAG_CODE_24**		
Description:	Code identifying whether Oth_Diag_Code_24 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	343	**Data Source:**	Claim

Length:	1	**Type:**	Alphanumeric

Field 83:	**E_CODE_1**		
Description:	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character.		
Beginning Position:	344	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 84:	**POA_E_CODE_1**		
Description:	Code identifying whether E_Code_1 external cause of injury code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	351	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 85:	**E_CODE_2**		
Description:	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	352	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 86:	**POA_E_CODE_2**		
Description:	Code identifying whether external cause of injury E_Code_2 code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	359	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 87:	**E_CODE_3**		
Description:	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	360	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 88:	**POA_E_CODE_3**		
Description:	Code identifying whether E_Code_3 external cause of injury code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	367	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 89:	**E_CODE_4**		
Description:	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	368	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 90:	**POA_E_CODE_4**		
Description:	Code identifying whether E_Code_4 external cause of injury code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	375	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 91:	**E_CODE_5**		
Description:	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	376	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 92:	**POA_E_CODE_5**		
Description:	Code identifying whether E_Code_5 external cause of injury code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		

Beginning Position:	383	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 93:	**E_CODE_6**		
Description:	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	384	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 94:	**POA_E_CODE_6**		
Description:	Code identifying whether E_Code_6 external cause of injury code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	391	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 95:	**E_CODE_7**		
Description:	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	392	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 96:	**POA_E_CODE_7**		
Description:	Code identifying whether E_Code_7 external cause of injury code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	399	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 97:	**E_CODE_8**		
Description:	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	400	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 98:	**POA_E_CODE_8**		
Description:	Code identifying whether E_Code_8 external cause of injury code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	407	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 99:	**E_CODE_9**		
Description:	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	408	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 100:	**POA_E_CODE_9**		
Description:	Code identifying whether E_Code_9 external cause of injury code was present at the time the patient was admitted to the hospital		
Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	415	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric
Field 101:	**E_CODE_10**		
Description:	ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	416	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 102:	**POA_E_CODE_10**		
Description:	Code identifying whether E_Code_10 external cause of injury code was present at the time the patient was admitted to the hospital		

Coding Scheme:	Same as Field POA_PRINC_DIAG_CODE		
Beginning Position:	423	**Data Source:**	Claim
Length:	1	**Type:**	Alphanumeric

Field 103:	**PRINC_SURG_PROC_CODE**		
Description:	Code for the principal surgical or other B performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	424	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 104:	**PRINC_SURG_PROC_DAY**		
Description:	Day of principal surgical or other procedure *equals* Principal Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	431	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 105:	**OTH_SURG_PROC_CODE_1**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	435	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 106:	**OTH_SURG_PROC_DAY_1**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	442	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 107:	**OTH_SURG_PROC_CODE_2**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	446	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 108:	**OTH_SURG_PROC_DAY_2**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	453	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 109:	**OTH_SURG_PROC_CODE_3**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	457	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 110:	**OTH_SURG_PROC_DAY_3**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	464	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 111:	**OTH_SURG_PROC_CODE_4**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	468	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 112:	**OTH_SURG_PROC_DAY_4**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	475	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 113:	**OTH_SURG_PROC_CODE_5**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	479	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 114:	**OTH_SURG_PROC_DAY_5**		

Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	486	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 115:	**OTH_SURG_PROC_CODE_6**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	490	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 116:	**OTH_SURG_PROC_DAY_6**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	497	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 117:	**OTH_SURG_PROC_CODE_7**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	501	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 118:	**OTH_SURG_PROC_DAY_7**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	508	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 119:	**OTH_SURG_PROC_CODE_8**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	512	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 120:	**OTH_SURG_PROC_DAY_8**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date		
Beginning Position:	519	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 121:	**OTH_SURG_PROC_CODE_9**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	523	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 122:	**OTH_SURG_PROC_DAY_9**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	530	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 123:	**OTH_SURG_PROC_CODE_10**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	534	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 124:	**OTH_SURG_PROC_DAY_10**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	541	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 125:	**OTH_SURG_PROC_CODE_11**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	545	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 126:	**OTH_SURG_PROC_DAY_11**		

Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	552	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 127:	**OTH_SURG_PROC_CODE_12**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	556	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 128:	**OTH_SURG_PROC_DAY_12**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	563	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 129:	**OTH_SURG_PROC_CODE_13**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	567	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 130:	**OTH_SURG_PROC_DAY_13**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	574	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 131:	**OTH_SURG_PROC_CODE_14**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	578	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 132:	**OTH_SURG_PROC_DAY_14**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	585	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 133:	**OTH_SURG_PROC_CODE_15**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	589	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 134:	**OTH_SURG_PROC_DAY_15**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	596	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 135:	**OTH_SURG_PROC_CODE_16**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	600	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 136:	**OTH_SURG_PROC_DAY_16**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	607	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 137:	**OTH_SURG_PROC_CODE_17**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	611	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 138:	**OTH_SURG_PROC_DAY_17**		

Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	618	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 139:	**OTH_SURG_PROC_CODE_18**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	622	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 140:	**OTH_SURG_PROC_DAY_18**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	629	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 141:	**OTH_SURG_PROC_CODE_19**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	633	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 142:	**OTH_SURG_PROC_DAY_19**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	640	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 143:	**OTH_SURG_PROC_CODE_20**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	644	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 144:	**OTH_SURG_PROC_DAY_20**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	651	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 145:	**OTH_SURG_PROC_CODE_21**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	655	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 146:	**OTH_SURG_PROC_DAY_21**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	662	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 147:	**OTH_SURG_PROC_CODE_22**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	666	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 148:	**OTH_SURG_PROC_DAY_22**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	673	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 149:	**OTH_SURG_PROC_CODE_23**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	677	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 150:	**OTH_SURG_PROC_DAY_23**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	684	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 151:	**OTH_SURG_PROC_CODE_24**		
Description:	Code for surgical or other procedure other than the principal procedure performed during the period covered by the bill. ICD-10-PCS code.		
Beginning Position:	688	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 152:	**OTH_SURG_PROC_DAY_24**		
Description:	Day of other surgical or other procedure *equals* Other Surgical Procedure Date *minus* Admission/Start of Care Date.		
Beginning Position:	695	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 153:	**MS_MDC**		
Description:	Major Diagnostic Category (MDC) as assigned by Centers for Medicare and Medicaid Services (CMS) (formerly Health Care Financing Administration (HCFA)) for hospital payment for Medicare beneficiaries. First available 2004.		
Beginning Position:	699	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 154:	**MS_DRG**		
Description:	Centers for Medicare and Medicaid Services (CMS) Diagnosis Related Group (DRG), as assigned for hospital payment for Medicare beneficiaries.		
Beginning Position:	701	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 155:	**MS_GROUPER_VERSION_NBR**		
Description:	CMS Medicare Severity Diagnosis Related Grouper (formerly CMS DRG Grouper and previously reported as HCFA_GROUPER_VERSION_NBR) version used to assign MS DRG and, MS MDC codes		
Beginning Position:	704	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 156:	**MS_GROUPER_ERROR_CODE**		
Description:	Error codes identify potential variations with MS DRG code assignment		
Coding Scheme:	00 No errors. DRG successfully assigned. 01 Diagnosis code cannot be used as principal diagnosis 02 Record does not meet criteria for any DRG 03 Invalid Age 04 Invalid Sex 05 Invalid Discharge Status 10 Illogical Principal Diagnosis (CMS only) 11 Invalid Principal Diagnosis	19 DisableHac = 0 and at least one HAC POA is invalid or exempt 20 DisableHac is invalid and at least one HAC POA is N or U 21 DisableHac is invalid and at least one HAC POA is invalid or exempt 22 DisableHac = 0 and at least one HAC POA is exempt 23 DisableHac is invalid and at least one HAC POA is exempt 24 DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U 25 DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W	
Beginning Position:	709	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 157:	**APR_MDC**		
Description:	Major Diagnostic Category (MDC) as assigned by 3M™ APR-DRG Grouper.		
Beginning Position:	711	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 158:	**APR_DRG**		
Description:	All Patient Refined (APR) Diagnosis Related Group (DRG) as assigned by 3M™ APR-DRG Grouper		
Beginning Position:	713	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 159:	**RISK_MORTALITY**		

Description: Assignment of a risk of mortality score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the likelihood of dying.

Coding Scheme:

1	Minor
2	Moderate
3	Major
4	Extreme

Beginning Position:	717	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

Field 160: **ILLNESS_SEVERITY**

Description: Assignment of a severity of illness score from the All Patient Refined (APR) Diagnosis Related Group (DRG) from the 3M™ APR-DRG Grouper. Indicates the extent of physiologic decompensation.

Coding Scheme:

1	Minor
2	Moderate
3	Major
4	Extreme
0	No class specified

Beginning Position:	718	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

Field 161: **APR_GROUPER_VERSION_NBR**

Description: 3M™ All Patient Refined Diagnosis Related Grouper version used to assign APR DRG codes, APR MDC codes, Risk of Mortality rankings, and Severity of Illness rankings

Beginning Position:	719	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric

Field 162: **APR_GROUPER_ERROR_CODE**

Description: Error codes identify potential variations with APR DRG code assignment

Coding Scheme:

00	No errors. DRG successfully assigned.	12	Gestational age/birth weight conflict (APR only)
01	Diagnosis code cannot be used as principal diagnosis	19	DisableHac = 0 and at least one HAC POA is invalid or exempt
02	Record does not meet criteria for any DRG	20	DisableHac is invalid and at least one HAC POA is N or U
03	Invalid Age	21	DisableHac is invalid and at least one HAC POA is invalid or exempt
04	Invalid Sex	22	DisableHac = 0 and at least one HAC POA is exempt
05	Invalid Discharge Status	23	DisableHac is invalid and at least one HAC POA is exempt
06	Invalid birthweight (AP & APR only)	24	DisableHac = 0 and there are multiple HACs that have different HAC POA values that are not Y, W, N, U
09	Invalid discharge age in days (AP & APR only)	25	DisableHac is invalid and there are multiple HACs that have different HAC POA values that are not Y or W
11	Invalid Principal Diagnosis		

Beginning Position:	724	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric

Field 163: **ATTENDING_PHYSICIAN_UNIF_ID**

Description: Attending Physician Uniform Identifier. Unique identifier assigned to the licensed physician expected to certify medical necessity of services rendered, with primary responsibility for the patient's medical care and treatment. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.

Suppression: Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.

Coding Scheme:

9999999998	Cell size less than 5
9999999999	Temporary license or license number could not be matched

Beginning Position:	726	**Data Source:**	Assigned
Length:	10	**Type:**	Alphanumeric

Field 164: **OPERATING_PHYSICIAN_UNIF_ID**

Description:	Operating or other Physician Uniform Identifier (if applicable). Unique identifier assigned to the operating physician or physician other than the attending physician. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include an individual other than a physician who admits patients to hospitals or who provides diagnostic or therapeutic procedures to inpatients, including psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists authorized by the hospital to admit or treat patients.		
Suppression:	Suppressed when the number of physicians represented in a DRG for a hospital is less than the minimum cell size of five.		
Coding Scheme:	9999999998 Cell size less than 5 9999999999 Temporary license or license number could not be matched		
Beginning Position:	736	**Data Source:**	Assigned
Length:	10	**Type:**	Alphanumeric
Field 165:	**ENCOUNTER_INDICATOR**		
Description:	Indicates the number of claims used to create the encounter		
Beginning Position:	746	**Data Source:**	Calculated
Length:	2	**Type:**	Alphanumeric
Field 166:	**PROVIDER_NAME**		
Description:	Hospital name provided by the hospital.		
Suppression:	Hospitals with fewer than 50 discharges (Provider ID equals '999999') are assigned the name 'Low Discharge Volume Hospital'. If a hospital has fewer than 5 discharges of a particular gender, including 'unknown', Hospital Name is blank.		
Beginning Position:	748	**Data Source:**	Provider
Length:	55	**Type:**	Alphanumeric

INPATIENT BASE DATA #2 FILE

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Inpatient PUDF is not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 2:	**PRIVATE_AMOUNT**		
Description:	Accommodation Charge, Private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 011X, 014X		
Beginning Position:	13	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 3:	**SEMI_PRIVATE_AMOUNT**		
Description:	Accommodation Charge, Semi-private Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 010X, 012X-014X, 016X-019X		
Beginning Position:	25	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 4:	**WARD_AMOUNT**		
Description:	Accommodation Charge, Ward Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 015X.		
Beginning Position:	37	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 5:	**ICU_AMOUNT**		
Description:	Accommodation Charge, Intensive Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 020X.		
Beginning Position:	49	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 6:	**CCU_AMOUNT**		
Description:	Accommodation Charge, Coronary Care Unit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes 0100-0219, revenue center 021X.		
Beginning Position:	61	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 7:	**OTHER_AMOUNT**		
Description:	Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X.		
Beginning Position:	73	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 8:	**PHARM_AMOUNT**		
Description:	Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 025X, 026X, and 063X.		
Beginning Position:	85	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 9:	**MEDSURG_AMOUNT**		
Description:	Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X.		
Beginning Position:	97	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 10:	**DME_AMOUNT**		
Description:	Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299.		
Beginning Position:	109	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 11:	**USED_DME_AMOUNT**		
Description:	Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293.		
Beginning Position:	121	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 12:	**PT_AMOUNT**		
Description:	Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X.		
Beginning Position:	133	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 13:	**OT_AMOUNT**		
Description:	Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X.		
Beginning Position:	145	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 14:	**SPEECH_AMOUNT**		
Description:	Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X.		
Beginning Position:	157	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 15:	**IT_AMOUNT**		
Description:	Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X.		
Beginning Position:	169	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 16:	**BLOOD_AMOUNT**		
Description:	Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X.		
Beginning Position:	181	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 17:	**BLOOD_ADMIN_AMOUNT**		
Description:	Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X.		
Beginning Position:	193	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 18:	**OR_AMOUNT**		
Description:	Ancillary Service Charge, Operating Room Charge amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X.		
Beginning Position:	205	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 19:	**LITH_AMOUNT**		
Description:	Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.		
Beginning Position:	217	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 20:	**CARD_AMOUNT**		
Description:	Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.		
Beginning Position:	229	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 21:	**ANES_AMOUNT**		
Description:	Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.		
Beginning Position:	241	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 22:	**LAB_AMOUNT**		
Description:	Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.		
Beginning Position:	253	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 23:	**RAD_AMOUNT**		
Description:	Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.		
Beginning Position:	265	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 24:	**MRI_AMOUNT**		
Description:	Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.		
Beginning Position:	277	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 25:	**OP_AMOUNT**		
Description:	Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.		
Beginning Position:	289	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 26:	**ER_AMOUNT**		
Description:	Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X.		
Beginning Position:	301	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 27:	**AMBULANCE_AMOUNT**		
Description:	Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X.		
Beginning Position:	313	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 28:	**PRO_FEE_AMOUNT**		
Description:	Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.		
Beginning Position:	325	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 29:	**ORGAN_AMOUNT**		
Description:	Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.		
Beginning Position:	337	**Data Source:**	Calculated

Length:	12	**Type:**	Numeric

Field 30: **ESRD_AMOUNT**

Description: Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.

Beginning Position:	349	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 31: **CLINIC_AMOUNT**

Description: Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X.

Beginning Position:	361	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 32: **OCCUR_CODE_1**

Description: Code describing a significant event relating to the claim.

Coding Scheme:

01	Auto accident	27	Date Home Health Plan Established or Last Reviewed	47	Date cost outlier status begins
02	No Fault Insurance Involved - Including Auto Accident/Other	28	Date Comprehensive Outpatient Rehabilitation Plan Established or Last Reviewed	A1	Birthdate - Insured A
03	Accident/ Tort Liability	29	Date Outpatient PT Plan established or last reviewed	A2	Effective Date - Insured A Policy
04	Accident/ Employment Related	30	Date Outpatient ST Plan established or last reviewed	A3	Payer A benefits exhausted
05	Other accident	31	Date beneficiary notified of intent to bill (accommodations)	A4	Split Bill Date
06	Crime Victim	32	Date beneficiary notified of intent to bill (procedures or treatments)	B1	Birthdate - Insured B
09	Start of Infertility Treatment Cycle	37	Date of inpatient hospital discharge for non-covered transplant patients	B2	Effective date - Insured B Policy
10	Last Menstrual Period	38	Date treatment started for home IV therapy	B3	Payer B benefits exhausted
11	Onset of Symptoms/ Illness	39	Date discharged on a continuous course if IV therapy	C1	Birthdate - Insured C
12	Date of Onset for a Chronically Dependent Individual	40	Scheduled date of admission	C2	Effective date - Insured C Policy
16	Date of Last Therapy	41	Date of first test of pre-admission testing	C3	Payer C benefits exhausted
17	Date Outpatient OT Plan Established or Last Reviewed	42	Date of discharge (hospice only)	DR	Katrina disaster related
18	Date of Retirement - Patient/Beneficiary	43	Scheduled date of canceled surgery	E1	Birthdate - Insured D
19	Date of Retirement - Spouse	44	Date treatment started - OT	E2	Effective date - Insured D Policy
20	Date Guarantee of Payment Began	45	Date treatment started - ST	E3	Payer D benefits exhausted
21	Date UR Notice Received	46	Date treatment started - Cardiac rehabilitation	F1	Birthdate - Insured E
22	Date Active Care Ended			F2	Effective date - Insured E Policy
24	Date Insurance Denied			F3	Payer E benefits exhausted
25	Date Benefits Terminated by Primary Payer			G1	Birthdate - Insured F
26	Date SNF Bed Became Available			G2	Effective date - Insured F Policy
				G3	Payer F benefits exhausted

Beginning Position:	373	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 33: **OCCUR_DAY_1**

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	375	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 34: **OCCUR_CODE_2**

Description: Code describing a significant event relating to the claim.

Coding Scheme: Same as Field OCCUR_CODE_1.

Beginning Position:	379	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 35: **OCCUR_DAY_2**

Description: Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.

Beginning Position:	381	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 36:	**OCCUR_CODE_3**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	385	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 37:	**OCCUR_DAY_3**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	387	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 38:	**OCCUR_CODE_4**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	391	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 39:	**OCCUR_DAY_4**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	393	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 40:	**OCCUR_CODE_5**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	397	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 41:	**OCCUR_DAY_5**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	399	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 42:	**OCCUR_CODE_6**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	403	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 43:	**OCCUR_DAY_6**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	405	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 44:	**OCCUR_CODE_7**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	409	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 45:	**OCCUR_DAY_7**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	411	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 46:	**OCCUR_CODE_8**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	415	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 47:	**OCCUR_DAY_8**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	417	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric
Field 48:	**OCCUR_CODE_9**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	421	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 49:	**OCCUR_DAY_9**		

Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	423	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 50:	**OCCUR_CODE_10**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	427	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 51:	**OCCUR_DAY_10**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	429	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 52:	**OCCUR_CODE_11**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	433	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 53:	**OCCUR_DAY_11**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	435	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 54:	**OCCUR_CODE_12**		
Description:	Code describing a significant event relating to the claim.		
Coding Scheme:	Same as Field OCCUR_CODE_1.		
Beginning Position:	439	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 55:	**OCCUR_DAY_12**		
Description:	Occurrence Day *equals* Occurrence Date *minus* Admission/Start of Care Date.		
Beginning Position:	441	**Data Source:**	Calculated
Length:	4	**Type:**	Alphanumeric

Field 56:	**OCCUR_SPAN_CODE_1**			
Description:	Code describing a significant event relating to the claim that may affect payer processing.			
Coding Scheme:	70	Qualifying stay dates (for SNF use only)	78	SNF prior stay dates
	71	Prior stay dates	80	Prior Same SNF prior stay dates for Payment Ban Purposes
	72	First/Last Visit	81	Antepartum Days at Reduced Level of Care
	73	Benefit eligibility period	M0	QIO/UR approved stay dates
	74	Noncovered level of care/Leave of absence	M1	Provider liability - no utilization
	75	SNF level of care	M2	Inpatient respite dates
	76	Patient Liability Period	M3	ICF level of care
	77	Provider Liability - Utilization Charged	M4	Residential level of care
Beginning Position:	445		**Data Source:**	Claim
Length:	2		**Type:**	Alphanumeric

Field 57:	**OCCUR_SPAN_FROM_1**		
Description:	Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.		
Beginning Position:	447	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 58:	**OCCUR_SPAN_THRU_1**		
Description:	Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.		
Beginning Position:	453	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 59:	**OCCUR_SPAN_CODE_2**		
Description:	Code describing a significant event relating to the claim that may affect payer processing.		
Coding Scheme:	Same as Field OCCUR_CODE_SPAN_1.		
Beginning Position:	459	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 60:	**OCCUR_SPAN_FROM_2**
Description:	Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	461	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 61: **OCCUR_SPAN_THRU_2**

Description: Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	467	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 62: **OCCUR_SPAN_CODE_3**

Description: Code describing a significant event relating to the claim that may affect payer processing.

Coding Scheme: Same as Field OCCUR_CODE_SPAN_1.

Beginning Position:	473	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 63: **OCCUR_SPAN_FROM_3**

Description: Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	475	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 64: **OCCUR_SPAN_THRU_3**

Description: Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	481	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 65: **OCCUR_SPAN_CODE_4**

Description: Code describing a significant event relating to the claim that may affect payer processing.

Coding Scheme: Same as Field OCCUR_CODE_SPAN_1.

Beginning Position:	487	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 66: **OCCUR_SPAN_FROM_4**

Description: Occurrence Span From *equals* Beginning Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	489	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 67: **OCCUR_SPAN_THRU_4**

Description: Occurrence Span Thru *equals* Ending Date of Event *minus* Admission/Start of Care Date.

Beginning Position:	495	**Data Source:**	Calculated
Length:	6	**Type:**	Alphanumeric

Field 68: **CONDITION_CODE_1**

Description: Code describing a condition relating to the claim.

Coding Scheme:

01	Military service related	11	Disabled beneficiary but no LGHP coverage exists	27	Patient referred to a sole community hospital for a diagnostic laboratory test
02	Condition is employment related	17	Patient is homeless	28	Patient and/or spouse's EGHP is secondary to Medicare
03	Patient covered by insurance not reflected here	18	Maiden name retained	29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare
04	Information only bill.	19	Child retains mother's name	30	Non-research services provided to patients enrolled in a qualified clinical trial
05	Lien has been filed	20	Beneficiary requested billing	31	Patient is student (full time - day)
06	ESRD patient in first 18 months of entitlement covered by EGHP	21	Billing for denial notice	32	Patient is student (cooperative/work study program)
07	Treatment of non-terminal condition for hospice patient	22	Patient on multiple drug regimen	33	Patient is student (full time - night)
08	Beneficiary would not provide information concerning other insurance coverage	23	Home care giver available	34	Patient is student (part-time)
09	Neither patient or spouse is employed	24	Home IV patient also receiving HHA services		
10	Patient and/or spouse is employed but no EGHP exists	25	Patient is non-US resident		
		26	VA eligible patient chooses to receive services in a Medicare certified facility		

36	General care patient in a special unit
37	Ward accommodation at patient request
38	Semi-private room not available
39	Private room medically necessary
40	Same day transfer
41	Partial hospitalization
42	Continuing care not related to inpatient admission
43	Continuing care not provided within prescribed postdischarge window
44	Inpatient admission changed to outpatient
45	Ambiguous Gender Category
46	Non-availability statement on file
47	Transfer from another Home Health Agency
48	Psychiatric residential treatment centers for children and adolescents (RTCs)
49	Product replacement within product lifecycle
50	Product Replacement for Known Recall of a Product
51	Attestation of Unrelated Outpatient Nondiagnostic Services
52	Out of Hospice Service Area
53	Initial placement of a medical device provided as part of a clinical trial or a free sample
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency
55	SNF bed not available
56	Medical appropriateness
57	SNF readmission
58	Terminated Medicare+Choice organization enrollee
59	Non-primary ESRD facility
60	Day outlier
61	Cost outlier
66	Provider does not wish cost outlier payment
67	Beneficiary elects not to use life time reserve (LTR) days
68	Beneficiary elects to use life time reserve (LTR) days
69	IME/DGME/N&AH Payment Only
70	Self-administered anemia management drug
71	Full care in unit
72	Self-care in unit
73	Self-care training
74	Home
75	Home - 100% reimbursement
76	Back-up in facility dialysis
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
78	New coverage not implemented by HMO
79	CORF services provided offsite
80	Home dialysis - nursing facility
81	C-section/Inductions <39 weeks-Medical Necessity
82	C-section/Inductions <39 weeks-Elective
83	C-section/Inductions 39 weeks or greater
84	Dialysis for Acute Kidney Injury (AKI)
85	Delayed Recertification of Hospice Terminal Illness
86	Additional Hemodialysis Treatment with Medical Justification
A0	TRICARE external partnership program
A1	EPSDT/CHAP
A2	Physically handicapped children's program
A3	Special Federal Funding
A4	Family planning
A5	Disability
A6	Vaccines/Medicare 100% payment
A9	Second opinion surgery
AA	Abortion performed due to rape
AB	Abortion performed due to incest
AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
AD	Abortion performed due to life endangering physical condition
AE	Abortion performed due to physical health of mother that is not life endangering
AF	Abortion performed due to emotional/psychological health of mother
AG	Abortion performed due to social or economic reasons
AH	Elective abortion
AI	Sterilization
AJ	Payer responsible for co-payment
AK	Air ambulance required
AL	Specialized treatment/bed unavailable
AM	Non-emergency medically necessary stretcher transport required
AN	Pre-admission screening not required
B0	Medicare coordinated care demonstration claim
B1	Beneficiary is ineligible for demonstration program
B4	Admission unrelated to discharge on same day
BP	Gulf Oil Spill of 2010
C1	Approved as billed
C2	Automatic approval as billed based on focused review
C3	Partial approval
C4	Admission/services denied
C5	Postpayment review applicable
C6	Admission Preauthorization
C7	Extended Authorization
D0	Changes to Service Dates
D1	Changes to Charges
D3	Second or Subsequent Interim PPS Bill
D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
D5	Cancel to correct Insured's ID or Provider ID
D6	Cancel Only to Repay a Duplicate or OIG Overpayment
D7	Change to Make Medicare the Secondary Payer
D8	Change to Make Medicare the Primary Payer
D9	Any Other Change
DR	Disaster related
E0	Changes in Patient Status
G0	Distinct Medical Visit
H0	Delayed Filing, Statement of Intent Submitted
H2	Discharge by a Hospice Provider for Cause
H3	Reoccurrence of GI Bleed Comorbid Category
H4	Reoccurrence of Pneumonia Comorbid Category
H5	Recurrence of Pericarditis Comorbid Category
P1	Do not Resuscitate Order (DNR)
P7	Direct Inpatient Admission from Emergency Room
R1	Request for reopening Reason Code - Mathematical or Computational Mistake
R2	Request for reopening Reason Code -Inaccurate Data Entry
R3	Request for reopening Reason Code - Misapplication of a Fee Schedule

R4	Request for reopening Reason Code - Computer Errors	R7	Request for reopening Reason Code - Corrections other than clerical errors	WO	United Mine Workers of America (UMWA) Demonstration Indicator
R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim	R8	Request for reopening Reason Code - New and Material Evidence	W2	Duplicate of Original Bill
R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above	R9	Request for reopening Reason Code - Faulty Evidence	W3	Level I Appeal
				W4	Level II Appeal
				W5	Level III Appeal

Beginning Position: 501 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 69: **CONDITION_CODE_2**
Description: Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 503 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 70: **CONDITION_CODE_3**
Description: Code describing a condition relating to the claim.
Coding Scheme: Same as Field 68.
Beginning Position: 505 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 71: **CONDITION_CODE_4**
Description: Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 507 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 72: **CONDITION_CODE_5**
Description: Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 509 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 73: **CONDITION_CODE_6**
Description: Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 511 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 74: **CONDITION_CODE_7**
Description: Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 513 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 75: **CONDITION_CODE_8**
Description: Code describing a condition relating to the claim.
Coding Scheme: Same as Field CONDITION_CODE_1.
Beginning Position: 515 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 76: **VALUE_CODE_1**
Description: Code describing information that may affect payer processing.
Coding Scheme:

01	Most common semi-private rate	09	Coinsurance amount in the first calendar year	15	Worker's compensation
02	Hospital has no semi-private rooms	10	Lifetime reserve amount in the second calendar year	16	Public health service (PHS) or other federal agency
04	Inpatient professional component charges which are combined billed	11	Coinsurance amount in the second calendar year	21	Catastrophic
05	Professional component included in charges and also billed separately to carrier	12	Working aged beneficiary/spouse with employer group health plan	22	Surplus
06	Blood deductible	13	ESRD beneficiary in a Medicare coordination period with an employer group health plan	23	Recurring monthly income
08	Life time reserve amount in the first calendar year	14	No fault, including auto/other	24	Medicaid Rate Code
				25	Offset to the patient - payment amount - prescription drugs

26	Offset to the patient - payment amount - hearing and ear services
27	Offset to the patient - payment amount - vision and eye services
28	Offset to the patient - payment amount - dental services
29	Offset to the patient - payment amount - chiropractic services
30	Preadmission testing
31	Patient Liability Amount
32	Multiple patient ambulance transport
33	Offset to the patient - payment amount - podiatric services
34	Offset to the patient - payment amount - other medical services
35	Offset to the patient - payment amount - health insurance premiums
37	Units of blood furnished
38	Blood deductible units
39	Units of blood replaced
40	New coverage not implemented by HMO
41	Black lung
42	VA
43	Disabled beneficiary under age 65 with LGHP
44	Amount provider agreed to accept from primary payer when this amount is less than charges but higher than payment received
45	Accident hour
46	Number of grace days
47	Any liability insurance
48	Hemoglobin reading
49	Hematocrit reading
50	Physical Therapy visits
51	Occupational Therapy visits
52	Speech Therapy visits
53	Cardiac rehab visits
54	Newborn birth weight in grams
55	Eligibility threshold for charity care
56	Skilled nurse - home visit hours
57	Home health aide - home visit hours
58	Arterial blood gas
59	Oxygen saturation
60	HHA branch MSA
61	Place of Residence where service is furnished (HHA and hospice)
66	Medicaid spend down amount
67	Peritoneal dialysis
68	EPO-drug
69	State charity care percentage
80	Covered Days
81	Non-covered Days
82	Co-insurance Days
83	Lifetime Reserve Days
84	Shorter Duration Hemodialysis
A0	Special zip code reporting
A1	Deductible payer A
A2	Coinsurance payer A
A3	Estimated responsibility payer A
A4	Covered self-administrable drugs - emergency
A5	Covered self-administrable drugs - administrable in form and situation furnished to patient
A6	Covered self-administrable drugs - diagnostic study and other
A7	Co-payment payer A
A8	Patient weight
A9	Patient height
AA	Regulatory surcharges, assessments, allowances or health care related taxes - payer A
AB	Other assessments or allowances (e.g., medical education) - payer A
B1	Deductible payer B
B2	Coinsurance payer B
B3	Estimated responsibility payer B
B7	Co-payment payer B
BA	Regulatory surcharges, assessments, allowances or health care related taxes - payer B
BB	Other assessments or allowances (e.g., medical education) - payer B
C1	Deductible payer C
C2	Coinsurance payer C
C3	Estimated responsibility payer C
C7	Co-payment payer C
CA	Regulatory surcharges, assessments, allowances or health care related taxes - payer C
CB	Other assessments or allowances (e.g., medical education) - payer C
D3	Patient estimated responsibility
D4	Clinical Trial Number Assigned by NLM/NIH
D5	Last Kt/V Reading
FC	Patient Paid Amount
FD	Credit Received from the Manufacturer for a Medical Device
G8	Facility where Inpatient Hospice Service is Delivered
Y1	Part A Demonstration Payment
Y2	Part B Demonstration Payment
Y3	Part B Coinsurance
Y4	Conventional Provider Payment
Y5	Part B Deductible

Beginning Position:	517	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 77:	**VALUE_AMOUNT_1**
Description:	Dollar amount that may be affected.

Beginning Position:	519	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric

Field 78:	**VALUE_CODE_2**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	528	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 79:	**VALUE_AMOUNT_2**		
Description:	Dollar amount that may be affected.		
Beginning Position:	530	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 80:	**VALUE_CODE_3**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE CODE_1.		
Beginning Position:	539	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 81:	**VALUE_AMOUNT_3**		
Description:	Dollar amount that may be affected.		
Beginning Position:	541	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 82:	**VALUE_CODE_4**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	550	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 83:	**VALUE_AMOUNT_4**		
Description:	Dollar amount that may be affected.		
Beginning Position:	552	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 84:	**VALUE_CODE_5**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	561	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 85:	**VALUE_AMOUNT_5**		
Description:	Dollar amount that may be affected.		
Beginning Position:	563	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 86:	**VALUE_CODE_6**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	572	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 87:	**VALUE_AMOUNT_6**		
Description:	Dollar amount that may be affected.		
Beginning Position:	574	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 88:	**VALUE_CODE_7**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	583	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 89:	**VALUE_AMOUNT_7**		
Description:	Dollar amount that may be affected.		
Beginning Position:	585	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 90:	**VALUE_CODE_8**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	594	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 91:	**VALUE_AMOUNT_8**		
Description:	Dollar amount that may be affected.		
Beginning Position:	596	**Data Source:**	Claim

Length:	9	**Type:**	Alphanumeric
Field 92:	**VALUE_CODE_9**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	605	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 93:	**VALUE_AMOUNT_9**		
Description:	Dollar amount that may be affected.		
Beginning Position:	607	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 94:	**VALUE_CODE_10**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	616	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 95:	**VALUE_AMOUNT_10**		
Description:	Dollar amount that may be affected.		
Beginning Position:	618	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 96:	**VALUE_CODE_11**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	627	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 97:	**VALUE_AMOUNT_11**		
Description:	Dollar amount that may be affected.		
Beginning Position:	629	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric
Field 98:	**VALUE_CODE_12**		
Description:	Code describing information that may affect payer processing.		
Coding Scheme:	Same as Field VALUE_CODE_1.		
Beginning Position:	638	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 99:	**VALUE_AMOUNT_12**		
Description:	Dollar amount that may be affected.		
Beginning Position:	640	**Data Source:**	Claim
Length:	9	**Type:**	Alphanumeric

INPATIENT CHARGES DATA FILE

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. First available 1st quarter 2002. Does NOT match the RECORD_ID in THCIC Research Data Files (RDF's).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric

Field 2:	**REVENUE_CODE**
Description:	Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.

Coding Scheme:

0100	All-inclusive room charges plus ancillary
0101	All-inclusive room charges
0110	Room charges for private rooms - general
0111	Room charges for private rooms - medical/surgical/GYN
0112	Room charges for private rooms - obstetrics
0113	Room charges for private rooms - pediatric
0114	Room charges for private rooms - psychiatric
0115	Room charges for private rooms - hospice
0116	Room charges for private rooms - detoxification
0117	Room charges for private rooms - oncology
0118	Room charges for private rooms - rehabilitation
0119	Room charges for private rooms - other
0120	Room charges for semi-private rooms - general
0121	Room charges for semi-private rooms - medical/surgical/GYN
0122	Room charges for semi-private rooms - obstetrics
0123	Room charges for semi-private rooms - pediatric
0124	Room charges for semi-private rooms - psychiatric
0125	Room charges for semi-private rooms - hospice
0126	Room charges for semi-private rooms - detoxification
0127	Room charges for semi-private rooms - oncology
0128	Room charges for semi-private rooms - rehabilitation
0129	Room charges for semi-private rooms - other
0130	Room charges for semi-private - 3/4 beds - rooms - general
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric
0135	Room charges for semi-private - 3/4 beds - rooms - hospice
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification
0137	Room charges for semi-private - 3/4 beds - rooms - oncology
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation
0139	Room charges for semi-private - 3/4 beds - rooms - other
0140	Room charges for private (deluxe) rooms - general
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN
0142	Room charges for private (deluxe) rooms - obstetrics
0143	Room charges for private (deluxe) rooms - pediatric
0144	Room charges for private (deluxe) rooms - psychiatric
0145	Room charges for private (deluxe) rooms - hospice
0146	Room charges for private (deluxe) rooms - detoxification
0147	Room charges for private (deluxe) rooms - oncology
0148	Room charges for private (deluxe) rooms - rehabilitation
0149	Room charges for private (deluxe) rooms - other
0150	Room charges for ward rooms - general
0151	Room charges for ward rooms - medical/surgical/GYN
0152	Room charges for ward rooms - obstetrics
0153	Room charges for ward rooms - pediatric
0154	Room charges for ward rooms - psychiatric
0155	Room charges for ward rooms - hospice
0156	Room charges for ward rooms - detoxification
0157	Room charges for ward rooms - oncology
0158	Room charges for ward rooms rehabilitation
0159	Room charges for ward rooms - other
0160	Room charges for other rooms - general
0164	Room charges for other rooms – Sterile Environment
0167	Room charges for other rooms – self care
0169	Room charges for other rooms - other
0170	Room charges for nursery - general
0171	Room charges for nursery - newborn level I
0172	Room charges for nursery - newborn level II
0173	Room charges for nursery - newborn level III
0174	Room charges for nursery - newborn level IV
0179	Room charges for nursery - other
0180	Room charges for LOA - general
0182	Room charges for LOA - patient convenience-charges billable
0183	Room charges for LOA - therapeutic leave
0185	Room charges for LOA – nursing home (for hospitalization)
0189	Room charges for LOA - other
0190	Room charges for subacute care - general
0191	Room charges for subacute care - Level I (skilled care)
0192	Room charges for subacute care - Level II (comprehensive care)

0193	Room charges for subacute care - Level III (complex care)
0194	Room charges for subacute care - Level IV (intensive care)
0199	Room charges for subacute care - other
0200	Room charges for intensive care - general
0201	Room charges for intensive care - surgical
0202	Room charges for intensive care - medical
0203	Room charges for intensive care - pediatric
0204	Room charges for intensive care - psychiatric
0206	Room charges for intensive care - intermediate intensive care unit (ICU)
0207	Room charges for intensive care - burn care
0208	Room charges for intensive care - trauma
0209	Room charges for intensive care - other
0210	Room charges for coronary care - general
0211	Room charges for coronary care - myocardial infarction
0212	Room charges for coronary care - pulmonary care
0213	Room charges for coronary care - heart transplant
0214	Room charges for coronary care - intermediate coronary care unit (CCU)
0219	Room charges for coronary care - other
0220	Special charges - general
0221	Special charges - admission charge
0222	Special charges - technical support charge
0223	Special charges - UR service charge
0224	Special charges - late discharge, medically necessary
0229	Special charges - other
0230	Incremental nursing care - general
0231	Incremental nursing care - nursery
0232	Incremental nursing care - OB
0233	Incremental nursing care - ICU (includes transitional care)
0234	Incremental nursing care - CCU (includes transitional care)
0235	Incremental nursing care - hospice
0239	Incremental nursing care - other
0240	All-inclusive ancillary - general
0241	All-inclusive ancillary - basic
0242	All-inclusive ancillary - comprehensive
0243	All-inclusive ancillary - specialty
0249	All-inclusive ancillary - other
0250	Pharmacy - general
0251	Pharmacy - generic drugs
0252	Pharmacy - nongeneric drugs
0253	Pharmacy - take-home drugs
0254	Pharmacy - drugs incident to other diagnostic services
0255	Pharmacy - drugs incident to radiology
0256	Pharmacy - experimental drugs
0257	Pharmacy - nonprescription
0258	Pharmacy - IV solutions
0259	Pharmacy - other
0260	IV Therapy - general
0261	IV Therapy - infusion pump
0262	IV Therapy - pharmacy services
0263	IV Therapy - drug/supply delivery
0264	IV Therapy - supplies
0269	IV Therapy - other
0270	Medical surgical supplies and devices - general
0271	Medical surgical supplies and devices - nonsterile
0272	Medical surgical supplies and devices - sterile
0273	Medical surgical supplies and devices - take-home
0274	Medical surgical supplies and devices - prosthetic/orthotic
0275	Medical surgical supplies and devices - pacemaker
0276	Medical surgical supplies and devices - intraocular lens (IOL)
0277	Medical surgical supplies and devices - oxygen - take-home
0278	Medical surgical supplies and devices - other implants
0279	Medical surgical supplies and devices - other
0280	Oncology - general
0289	Oncology - other
0290	DME - general
0291	DME - rental
0292	DME - purchase of new
0293	DME - purchase of used
0294	DME - supplies/drugs for DME effectiveness
0299	DME - other equipment
0300	Laboratory - general
0301	Laboratory - chemistry
0302	Laboratory - immunology
0303	Laboratory - renal patient (home)
0304	Laboratory - nonroutine dialysis
0305	Laboratory - hematology
0306	Laboratory - bacteriology and microbiology
0307	Laboratory - urology
0309	Laboratory - other
0310	Laboratory pathological - general
0311	Laboratory pathological - cytology
0312	Laboratory pathological - histology
0314	Laboratory pathological - biopsy
0319	Laboratory pathological - other
0320	Radiology - diagnostic - general
0321	Radiology - diagnostic - angiocardiography
0322	Radiology - diagnostic - arthrography
0323	Radiology - diagnostic - arteriography
0324	Radiology - diagnostic - chest x-ray
0329	Radiology - diagnostic - other
0330	Radiology - therapeutic and/or chemotherapy administration - general
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy

0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV
0339	Radiology - therapeutic and/or chemotherapy administration - other
0340	Nuclear medicine - general
0341	Nuclear medicine - diagnostic procedures
0342	Nuclear medicine - therapeutic procedures
0343	Nuclear medicine - diagnostic radiopharmaceuticals
0344	Nuclear medicine - therapeutic radiopharmaceuticals
0349	Nuclear medicine - other
0350	CT scan - general
0351	CT scan - head
0352	CT scan - body
0359	CT scan - other
0360	Operating room services - general
0361	Operating room services - minor surgery
0362	Operating room services - organ transplant other than kidney
0367	Operating room services - kidney transplant
0369	Operating room services - other
0370	Anesthesia - general
0371	Anesthesia - incident to radiology
0372	Anesthesia - incident to other diagnostic services
0374	Anesthesia - acupuncture
0379	Anesthesia - other
0380	Blood - general
0381	Blood - packed red cells
0382	Blood - whole blood
0383	Blood - plasma
0384	Blood - platelets
0385	Blood - leukocytes
0386	Blood - other components
0387	Blood - other derivatives (cryoprecipitate)
0389	Blood - other
0390	Blood and blood component administration, storage and processing - general
0391	Blood and blood component administration, storage and processing - administration
0392	Blood and blood component administration, storage and processing – processing and storage
0399	Blood and blood component administration, storage and processing - other
0400	Other imaging services - general
0401	Other imaging services - diagnostic mammography
0402	Other imaging services - ultrasound
0403	Other imaging services - screening mammography
0404	Other imaging services - PET
0409	Other imaging services - other
0410	Respiratory services - general
0412	Respiratory services - inhalation
0413	Respiratory services - hyperbaric oxygen therapy
0419	Respiratory services - other
0420	Physical therapy - general
0421	Physical therapy - visit charge
0422	Physical therapy - hourly charge
0423	Physical therapy - group rate
0424	Physical therapy - evaluation or reevaluation
0429	Physical therapy - other
0430	Occupational therapy - general
0431	Occupational therapy - visit charge
0432	Occupational therapy - hourly charge
0433	Occupational therapy - group rate
0434	Occupational therapy - evaluation or reevaluation
0439	Occupational therapy - other
0440	Speech-language pathology - general
0441	Speech-language pathology - visit charge
0442	Speech-language pathology - hourly charge
0443	Speech-language pathology - group rate
0444	Speech-language pathology - evaluation or reevaluation
0449	Speech-language pathology - other
0450	Emergency room - general
0451	Emergency room - EMTALA emergency medical screening services
0452	Emergency room - beyond EMTALA screening
0456	Emergency room - urgent care
0459	Emergency room - other
0460	Pulmonary function - general
0469	Pulmonary function - other
0470	Audiology - general
0471	Audiology - diagnostic
0472	Audiology - treatment
0479	Audiology - other
0480	Cardiology - general
0481	Cardiology - cardiac cath lab
0482	Cardiology - stress test
0483	Cardiology - echocardiology
0489	Cardiology - other
0490	Ambulatory surgical care - general
0499	Ambulatory surgical care - other
0500	Outpatient services - general
0509	Outpatient services - other
0510	Clinic - general
0511	Clinic - chronic pain
0512	Clinic - dental
0513	Clinic - psychiatric
0514	Clinic - OB/GYN
0515	Clinic - pediatric
0516	Clinic - urgent care
0517	Clinic - family practice
0519	Clinic - other
0520	Freestanding Clinic - general
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0523	Freestanding Clinic - family practice
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility
0526	Freestanding Clinic - urgent care
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0529	Freestanding Clinic - other
0530	Osteopathic service - general
0531	Osteopathic service - therapy
0539	Osteopathic service - other
0540	Ambulance service - general
0541	Ambulance service - supplies
0542	Ambulance service - medical transport
0543	Ambulance service - heart mobile
0544	Ambulance service - oxygen
0545	Ambulance service - air ambulance
0546	Ambulance service - neonatal
0547	Ambulance service - pharmacy
0548	Ambulance service - telephone transmission EKG
0549	Ambulance service - other
0550	Skilled nursing - general
0551	Skilled nursing - visit charge
0552	Skilled nursing - hourly charge
0559	Skilled nursing - other
0560	Medical social services - general
0561	Medical social services - visit charge
0562	Medical social services - hourly charge
0569	Medical social services - other
0570	Home health aide - general
0571	Home health aide - visit charge
0572	Home health aide - hourly charge
0579	Home health aide - other
0580	Other visits (home health) - general
0581	Other visits (home health) - visit charge
0582	Other visits (home health) - hourly charge
0583	Other visits (home health) - assessment
0589	Other visits (home health) - other
0590	Units of service (home health) - general
0600	Oxygen (home health) - general
0601	Oxygen (home health) - stat/equip/supply or contents
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0604	Oxygen (home health) - portable add-in
0609	Oxygen (home health) - other
0610	Magnetic Resonance Technology (MRT) - MRI - general
0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0614	Magnetic Resonance Technology (MRT) - MRI - other
0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0618	Magnetic Resonance Technology (MRT) - MRA – other
0619	Magnetic Resonance Technology (MRT) - Other MRT
0621	Medical/surgical supplies - incident to radiology
0622	Medical/surgical supplies - incident to other diagnostic services
0623	Medical/surgical supplies - surgical dressings
0624	Medical/surgical supplies - FDA investigational devices
0631	Drugs requiring specific identification - single source
0632	Drugs requiring specific identification - multiple source
0633	Drugs requiring specific identification - restrictive prescription
0634	Drugs requiring specific identification - EPO, less than 10,000 units
0635	Drugs requiring specific identification - EPO, 10,000 or more units
0636	Drugs requiring specific identification - requiring detailed coding
0637	Drugs requiring specific identification - self-administrable
0640	Home IV therapy services - general
0641	Home IV therapy services - nonroutine nursing, central line
0642	Home IV therapy services - IV site care, central line
0643	Home IV therapy services - IV start/change, peripheral line
0644	Home IV therapy services - nonroutine nursing, peripheral line
0645	Home IV therapy services - training patient/caregiver, central line
0646	Home IV therapy services - training, disabled patient, central line
0647	Home IV therapy services - training, patient/caregiver, peripheral
0648	Home IV therapy services - training, disabled patient, peripheral
0649	Home IV therapy services - other
0650	Hospice services - general
0651	Hospice services - routine home care
0652	Hospice services - continuous home care
0655	Hospice services - inpatient respite care
0656	Hospice services - general inpatient care (nonrespite)
0657	Hospice services - physician services
0658	Hospice services - room and board - nursing facility

0659	Hospice services - other
0660	Respite care - general
0661	Respite care - hourly charge/skilled nursing
0662	Respite care - hourly charge/aide/homemaker/companion
0663	Respite care - daily charge
0669	Respite care - other
0670	Outpatient special residence - general
0671	Outpatient special residence - hospital based
0672	Outpatient special residence - contracted
0679	Outpatient special residence - other
0681	Trauma response - level I
0682	Trauma response - level II
0683	Trauma response - level III
0684	Trauma response - level IV
0689	Trauma response - other
0690	Pre-hospice/Palliative Care Services - general
0691	Pre-hospice/Palliative Care Services – visit charge
0692	Pre-hospice/Palliative Care Services – hourly charge
0693	Pre-hospice/Palliative Care Services - evaluation
0694	Pre-hospice/Palliative Care Services – consultation and education
0695	Pre-hospice/Palliative Care Services – inpatient care
0696	Pre-hospice/Palliative Care Services – physician services
0699	Pre-hospice/Palliative Care Services - other
0700	Cast Room services - general
0710	Recovery Room services - general
0720	Labor/Delivery Room services - general
0721	Labor/Delivery Room services - labor
0722	Labor/Delivery Room services - delivery
0723	Labor/Delivery Room services - circumcision
0724	Labor/Delivery Room services - birthing center
0729	Labor/Delivery Room services - other
0730	EKG/ECG services - general
0731	EKG/ECG services - holter monitor
0732	EKG/ECG services - telemetry
0739	EKG/ECG services - other
0740	EEG services - general
0750	Gastrointestinal services - general
0760	Treatment or observation room services - general
0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0762	Specialty Room - Treatment/ Observation Room - Observation Room
0769	Treatment or observation room services - other
0770	Preventive care services - general
0771	Preventive care services - vaccine administration
0780	Telemedicine services - general
0790	Extra-corporeal shockwave therapy - general
0800	Inpatient renal dialysis services - general
0801	Inpatient renal dialysis services - hemodialysis
0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0809	Inpatient renal dialysis services - other
0810	Acquisition of body components- general
0811	Acquisition of body components - living donor
0812	Acquisition of body components - cadaver donor
0813	Acquisition of body components - unknown donor
0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0815	Acquisition of body components – stem cells- allogeneic
0819	Acquisition of body components - other donor
0820	Hemodialysis - outpatient or home - general
0821	Hemodialysis - outpatient or home - composite or other rate
0822	Hemodialysis - outpatient or home – home supplies
0823	Hemodialysis - outpatient or home – home equipment
0824	Hemodialysis - outpatient or home – maintenance 100%
0825	Hemodialysis - outpatient or home - support services
0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0829	Hemodialysis - outpatient or home - other
0830	Peritoneal dialysis - outpatient or home - general
0831	Peritoneal dialysis - outpatient or home - composite or other rate
0832	Peritoneal dialysis - outpatient or home – home supplies
0833	Peritoneal dialysis - outpatient or home – home equipment
0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0835	Peritoneal dialysis - outpatient or home - support services
0839	Peritoneal dialysis - outpatient or home - other
0840	CAPD - outpatient or home - general
0841	CAPD - outpatient or home - composite or other rate
0842	CAPD - outpatient or home – home supplies
0843	CAPD - outpatient or home – home equipment
0844	CAPD - outpatient or home – maintenance 100%
0845	CAPD - outpatient or home - support services
0849	CAPD - outpatient or home - other
0850	CCPD - outpatient or home - general
0851	CCPD - outpatient or home - composite or other rate
0852	CCPD - outpatient or home - home supplies
0853	CCPD - outpatient or home - home equipment
0854	CCPD - outpatient or home - maintenance 100%
0855	CCPD - outpatient or home - support services
0859	CCPD - outpatient or home - other
0860	Magnetoencephalography (MEG) - General
0861	Magnetoencephalography (MEG) - MEG

0880	Miscellaneous dialysis - general
0881	Miscellaneous dialysis - ultrafiltration
0882	Miscellaneous dialysis - home aide visit
0889	Miscellaneous dialysis - other
0900	Behavior health treatments/services - general
0901	Behavior health treatments/services - electroshock
0902	Behavior health treatments/services - milieu therapy
0903	Behavioral health treatments/services - play therapy
0904	Behavior health treatments/services - activity therapy
0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0907	Behavior health treatments/services - community behavioral health program
0911	Behavior health treatment/services - rehabilitation
0912	Behavior health treatment/services - partial hospitalization - less intensive
0913	Behavior health treatment/services - partial hospitalization - intensive
0914	Behavior health treatment/services - individual therapy
0915	Behavior health treatment/services - group therapy
0916	Behavior health treatment/services - family therapy
0917	Behavior health treatment/services - biofeedback
0918	Behavior health treatment/services - testing
0919	Behavior health treatment/services - other
0920	Other diagnostic services - general
0921	Other diagnostic services - peripheral vascular lab
0922	Other diagnostic services - electromyogram
0923	Other diagnostic services - pap smear
0924	Other diagnostic services - allergy test
0925	Other diagnostic services - pregnancy test
0929	Other diagnostic services - other
0931	Medical rehabilitation day program - half day
0932	Medical rehabilitation day program - full day
0940	Other therapeutic services - general
0941	Other therapeutic services - recreational therapy
0942	Other therapeutic services - education/training
0943	Other therapeutic services - cardiac rehabilitation
0944	Other therapeutic services - drug rehabilitation
0945	Other therapeutic services - alcohol rehabilitation
0946	Other therapeutic services - complex medical equipment - routine
0947	Other therapeutic services - complex medical equipment - ancillary
0948	Other therapeutic services – pulmonary rehabilitation
0949	Other therapeutic services - other
0951	Other therapeutic services – athletic training
0952	Other therapeutic services - kinesiotherapy
0953	Other therapeutic services – chemical dependency (drug and alcohol)
0960	Professional fees - general
0961	Professional fees - psychiatric
0962	Professional fees - ophthalmology
0963	Professional fees - anesthesiologist (MD)
0964	Professional fees - anesthetist (CRNA)
0969	Professional fees - other
0971	Professional fees - laboratory
0972	Professional fees - radiology - diagnostic
0973	Professional fees - radiology - therapeutic
0974	Professional fees - radiology - nuclear medicine
0975	Professional fees - operating room
0976	Professional fees - respiratory therapy
0977	Professional fees - physical therapy
0978	Professional fees - occupational therapy
0979	Professional fees - speech therapy
0981	Professional fees - emergency room
0982	Professional fees - outpatient services
0983	Professional fees - clinic
0984	Professional fees - medical social services
0985	Professional fees - EKG
0986	Professional fees - EEG
0987	Professional fees - hospital visit
0988	Professional fees - consultation
0989	Professional fees - private duty nurse
0990	Patient convenience items - general
0991	Patient convenience items - cafeteria/guest tray
0992	Patient convenience items - private linen service
0993	Patient convenience items - telephone/telegraph
0994	Patient convenience items - TV/radio
0995	Patient convenience items - nonpatient room rentals
0996	Patient convenience items - late discharge charge
0997	Patient convenience items - admission kits
0998	Patient convenience items - beauty shop/barber
0999	Patient convenience items - other
1000	Behavior health accommodations - general
1001	Behavior health accommodations - residential treatment - psychiatric
1002	Behavior health accommodations - residential treatment - chemical dependency
1003	Behavior health accommodations - supervised living
1004	Behavior health accommodations - halfway house
1005	Behavior health accommodations - group home
2100	Alternative therapy services - general

2101	Alternative therapy services - acupuncture	2105	Alternative therapy services - biofeedback	3102	Adult day care, social - hourly
2102	Alternative therapy services - acupressure	2106	Alternative therapy services - hypnosis	3103	Adult day care, medical and social - daily
2103	Alternative therapy services - massage	2109	Alternative therapy services - other	3104	Adult day care, social - daily
2104	Alternative therapy services - reflexology	3101	Adult day care, medical and social - hourly	3105	Adult foster care - daily
				3109	Adult foster care - other

Beginning Position:	13	**Data Source:**	Claim
Length:	4	**Type:**	Alphanumeric

Field 3: **HCPCS_QUALIFIER**

Description: Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE

Beginning Position:	17	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 4 **HCPCS_PROCEDURE_CODE**

Description: HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.

Coding Scheme: See *http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp* for complete list.

Beginning Position:	19	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 5: **MODIFIER_1**

Description: Identifies special circumstances related to the performance of the service

Coding Scheme:

22	Increased procedural services	59	Distinct Procedural Service	91	Repeat Clinical Diagnostic Laboratory Test
23	Unusual Anesthesia	62	Two Surgeons	92	Alternative Laboratory Platform Testing
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period	63	Procedure Performed on Infants less than 4kg	95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service	66	Surgical Team	99	Multiple Modifiers
26	Professional Component	73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia	1P	Performance Measure Exclusion Modifier due to Medical Reasons
27	Multiple Outpatient Hospital E/M Encounters on the Same Date	74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia	2P	Performance Measure Exclusion Modifier due to Patient Reasons
32	Mandated Services	76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional	3P	Performance Measure Exclusion Modifier due to System Reasons
33	Preventive Service	77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	8P	Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified
47	Anesthesia by Surgeon	78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period	P1	A normal healthy patient
50	Bilateral Procedure	79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	P2	A patient with mild systemic disease
51	Multiple Procedures	80	Assistant Surgeon	P3	A patient with severe systemic disease
52	Reduced Services	81	Minimum Assistant Surgeon	P4	A patient with severe systemic disease that is a constant threat to life
53	Discontinued Procedure	82	Repeat procedure by same physician	P5	A moribund patient who is not expected to survive without the operation
54	Surgical Care Only	90	Reference (Outside) Laboratory	P6	A declared brain-dead patient whose organs are being removed for donor purposes
55	Postoperative Management Only			E1	Upper left eyelid
56	Preoperative Management Only			E2	Lower left eyelid
57	Decision for Surgery			E3	Upper right eyelid
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period				

E4	Lower right eyelid
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
GG	Performance and payment of a screening mammography and diagnostic mammography on same patient, same day.
GH	Diagnostic mammogram converted from screening mammogram on same day
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LM	Left main coronary artery
LT	Left side of the body procedure
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services
RC	Right coronary artery
RI	Ramus intermedius coronary artery
RT	Right side of the body procedure
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
XE	Separate Encounter
XS	Separate Structure
XP	Separate Practitioner
XU	Unusual Non-Overlapping Service

Beginning Position:	24	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 6:	**MODIFIER_2**
Description:	Identifies special circumstances related to the performance of the service.
Coding Scheme:	Same as Field MODIFIER_1

Beginning Position:	26	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 7:	**MODIFIER_3**
Description:	Identifies special circumstances related to the performance of the service.
Coding Scheme:	Same as Field MODIFIER_1

Beginning Position:	28	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 8:	**MODIFIER_4**
Description:	Identifies special circumstances related to the performance of the service.
Coding Scheme:	Same as Field MODIFIER_1

Beginning Position:	30	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 9:	**UNIT_MEASUREMENT_CODE**
Description:	Code specifying the units in which a value is being expressed.
Coding Scheme:	DA Days F2 International unit UN Unit

Beginning Position:	32	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 10:	**UNITS_OF_SERVICE**
Description:	Numeric value of quantity

Beginning Position:	34	**Data Source:**	Claim
Length:	7	**Type:**	Numeric

Field 11:	**UNIT_RATE**
Description:	Rate per unit

Beginning Position:	41	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

Field 12:	**CHRGS_LINE_ITEM**
Description:	Total amount of the charge

Beginning Position:	53	**Data Source:**	Assigned
Length:	14	**Type:**	Numeric

Field 13:	**CHRGS_NON_COV**
Description:	Total non-covered amount of the charge

Beginning Position:	67	**Data Source:**	Assigned
Length:	14	**Type:**	Numeric

OUTPATIENT BASE DATA FILE

Field 1:	**SERVICE_QUARTER**		
Description:	Quarter during which service occurred. Year and quarter of service. *yyyy*Q*n*.		
Beginning Position:	1	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 2:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Outpatient PUDF is not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).		
Beginning Position:	7	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 3:	**THCIC_ID**		
Description:	Provider ID. Unique identifier assigned to the provider by DSHS.		
Suppression:	Facilities reporting fewer than 50 events have been aggregated into the Provider ID '999999'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider ID is '999998'.		
Beginning Position:	19	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 4:	**SPEC_UNIT_1**		
Description:	Specialty Units in which most days during stay occurred based on number of days by Type of Bill or Revenue Code. In order by number of days in the unit.		
Coding Scheme:	C Coronary Care Unit D Detoxification Unit I Intensive Care Unit H Hospice Unit N Nursery B Obstetric Unit O Oncology Unit	P Pediatric Unit Y Psychiatric Unit R Rehabilitation Unit U Sub-acute Care Unit S Skilled Nursing Unit Blank Acute Care	
Beginning Position:	25	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric
Field 5:	**SPEC_UNIT_2**		
Description:	Specialty Unit in which 2nd most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as SPEC_UNIT_1		
Beginning Position:	26	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric
Field 6:	**SPEC_UNIT_3**		
Description:	Specialty Unit in which 3rd most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.		
Beginning Position:	27	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric
Field 7:	**SPEC_UNIT_4**		
Description:	Specialty Unit in which 4th most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.		
Beginning Position:	28	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric
Field 8:	**SPEC_UNIT_5**		
Description:	Specialty Unit in which 5th most days during stay occurred based on number of days by Type of Bill or Revenue Code.		
Coding Scheme:	Same as SPEC_UNIT_1.		
Beginning Position:	29	**Data Source:**	Calculated
Length:	1	**Type:**	Alphanumeric
Field 9:	**SEX_CODE**		
Description:	Gender of the patient as recorded at date of start of care.		
Suppression:	Code is suppressed if an ICD-10-CM code indicates drug or alcohol use or an HIV diagnosis. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis (patients covered by 42 USC §290dd-2 and 42 CFR Part 2 rules), the Gender of the patient is reported as "U" (Unknown). If		

a facility reported fewer than 5 patients of a particular gender, including unknown, Provider ID is '999998' and Provider Name and Patient ZIP Code are blank for those patients.

Coding Scheme:

M Male
F Female
U Unknown
` Invalid

Beginning Position: 30 **Data Source:** Claim
Length: 1 **Type:** Alphanumeric

Field 10: **PAT_COUNTY**
Description: FIPS code of patient's county.
Coding scheme:

001	Anderson	099	Coryell	197	Hardeman	295	Lipscomb
003	Andrews	101	Cottle	199	Hardin	297	Live Oak
005	Angelina	103	Crane	201	Harris	299	Llano
007	Aransas	105	Crockett	203	Harrison	301	Loving
009	Archer	107	Crosby	205	Hartley	303	Lubbock
011	Armstrong	109	Culberson	207	Haskell	305	Lynn
013	Atascosa	111	Dallam	209	Hays	307	McCulloch
015	Austin	113	Dallas	211	Hemphill	309	McLennan
017	Bailey	115	Dawson	213	Henderson	311	McMullen
019	Bandera	117	Deaf Smith	215	Hidalgo	313	Madison
021	Bastrop	119	Delta	217	Hill	315	Marion
023	Baylor	121	Denton	219	Hockley	317	Martin
025	Bee	123	Dewitt	221	Hood	319	Mason
027	Bell	125	Dickens	223	Hopkins	321	Matagorda
029	Bexar	127	Dimmit	225	Houston	323	Maverick
031	Blanco	129	Donley	227	Howard	325	Medina
033	Borden	131	Duval	229	Hudspeth	327	Menard
035	Bosque	133	Eastland	231	Hunt	329	Midland
037	Bowie	135	Ector	233	Hutchinson	331	Milam
039	Brazoria	137	Edwards	235	Irion	333	Mills
041	Brazos	139	Ellis	237	Jack	335	Mitchell
043	Brewster	141	El Paso	239	Jackson	337	Montague
045	Briscoe	143	Erath	241	Jasper	339	Montgomery
047	Brooks	145	Falls	243	Jeff Davis	341	Moore
049	Brown	147	Fannin	245	Jefferson	343	Morris
051	Burleson	149	Fayette	247	Jim Hogg	345	Motley
053	Burnet	151	Fisher	249	Jim Wells	347	Nacogdoches
055	Caldwell	153	Floyd	251	Johnson	349	Navarro
057	Calhoun	155	Foard	253	Jones	351	Newton
059	Callahan	157	Fort Bend	255	Karnes	353	Nolan
061	Cameron	159	Franklin	257	Kaufman	355	Nueces
063	Camp	161	Freestone	259	Kendall	357	Ochiltree
065	Carson	163	Frio	261	Kenedy	359	Oldham
067	Cass	165	Gaines	263	Kent	361	Orange
069	Castro	167	Galveston	265	Kerr	363	Palo Pinto
071	Chambers	169	Garza	267	Kimble	365	Panola
073	Cherokee	171	Gillespie	269	King	367	Parker
075	Childress	173	Glasscock	271	Kinney	369	Parmer
077	Clay	175	Goliad	273	Kleberg	371	Pecos
079	Cochran	177	Gonzales	275	Knox	373	Polk
081	Coke	179	Gray	283	La Salle	375	Potter
083	Coleman	181	Grayson	277	Lamar	377	Presidio
085	Collin	183	Gregg	279	Lamb	379	Rains
087	Collingsworth	185	Grimes	281	Lampasas	381	Randall
089	Colorado	187	Guadalupe	285	Lavaca	383	Reagan
091	Comal	189	Hale	287	Lee	385	Real
093	Comanche	191	Hall	289	Leon	387	Red River
095	Concho	193	Hamilton	291	Liberty	389	Reeves
097	Cooke	195	Hansford	293	Limestone	391	Refugio

393	Roberts	423	Smith	453	Travis	483	Wheeler
395	Robertson	425	Somervell	455	Trinity	485	Wichita
397	Rockwall	427	Starr	457	Tyler	487	Wilbarger
399	Runnels	429	Stephens	459	Upshur	489	Willacy
401	Rusk	431	Sterling	461	Upton	491	Williamson
403	Sabine	433	Stonewall	463	Uvalde	493	Wilson
405	San Augustine	435	Sutton	465	Val Verde	495	Winkler
407	San Jacinto	437	Swisher	467	Van Zandt	497	Wise
409	San Patricio	439	Tarrant	469	Victoria	499	Wood
411	San Saba	441	Taylor	471	Walker	501	Yoakum
413	Schleicher	443	Terrell	473	Waller	503	Young
415	Scurry	445	Terry	475	Ward	505	Zapata
417	Shackelford	447	Throckmorton	477	Washington	507	Zavala
419	Shelby	449	Titus	479	Webb		
421	Sherman	451	Tom Green	481	Wharton	`	Invalid

Beginning Position: 31 **Data Source:** Assigned; based on patient ZIP code
Length: 3 **Type:** Alphanumeric

Field 11: **PAT_STATE**
Description: State of the patient's mailing address in Texas and contiguous states. Standard 2-character Postal Service abbreviation.
Coding Scheme:
AR Arkansas
LA Louisiana
NM New Mexico
OK Oklahoma
TX Texas
ZZ All other states and American Territories
FC Foreign country
XX Foreign country
Beginning Position: 34 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 12: **PAT_ZIP**
Description: Patient's five-digit ZIP code.
Suppression: Last two digits are blank if a ZIP code has fewer than 30 patients. If state equals 'ZZ', ZIP code equals '88888'. If state equals 'FC' (foreign country) ZIP code is blank. If ICD-10-CM indicates alcohol or drug use or an HIV diagnosis the ZIP code is blank. If a facility has fewer than fifty outpatient services reported for the quarter the ZIP code is blank. If a facility has fewer than 5 patients reported of a particular gender, including 'unknown', the ZIP Code is blank.
Beginning Position: 36 **Data Source:** Claim
Length: 5 **Type:** Alphanumeric

Field 13: **PAT_COUNTRY**
Description: Country of patient's residential address. List maintained by the International Organization for Standardization (ISO).
Suppression: Suppressed if fewer than 5 patients from one country.
Coding scheme: See *www.ISO.org* for complete list.
Beginning Position: 41 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 14: **PUBLIC_HEALTH_REGION**
Description: Public Health Region of patient's address.
Coding scheme:
1 Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum counties
2 Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackleford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young counties
3 Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise counties
4 Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood counties
5 Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler counties
6 Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties

7	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson counties
8	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala counties
9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler counties
10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio counties
11	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata counties
`	Invalid

Beginning Position: 43 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 15: **LENGTH_OF_SERVICE**

Description: Length of service in days *equals* Statement From Date through Statement Thru Date. The minimum length of service is 1 day. The maximum is 30 days.

Beginning Position: 45 **Data Source:** Calculated
Length: 2 **Type:** Alphanumeric

Field 16: **PAT_AGE**

Description: Code indicating age of patient in days or years on date of service.

Coding Scheme:

00	1-28 days	10	35-39	20	85-89
01	29-365 days	11	40-44	21	90+
02	1-4 years	12	45-49	*HIV-STD and drug/alcohol use patients:*	
03	5-9	13	50-54	22	0-17
04	10-14	14	55-59	23	18-44
05	15-17	15	60-64	24	45-64
06	18-19	16	65-69	25	65-74
07	20-24	17	70-74	26	75+
08	25-29	18	75-79	`	Invalid
09	30-34	19	80-84		

Beginning Position: 47 **Data Source:** Assigned
Length: 2 **Type:** Alphanumeric

Field 17: **RACE**

Description: Code indicating the patient's race.

Suppression: If a facility has fewer than ten patients of one race that race is changed to 'Other' (code equals 5).

Coding Scheme:

1	American Indian/Eskimo/Aleut
2	Asian or Pacific Islander
3	Black
4	White
5	Other
`	Invalid

Beginning Position: 49 **Data Source:** Claim
Length: 1 **Type:** Alphanumeric

Field 18: **ETHNICITY**

Description: Code indicating the Hispanic origin of the patient.

Suppression: If a facility has fewer than ten patients of one race the ethnicity of patients of that race is suppressed (code is blank).

Coding Scheme:

1	Hispanic Origin
2	Not of Hispanic Origin
`	Invalid

Beginning Position: 50 **Data Source:** Claim
Length: 1 **Type:** Alphanumeric

Field 19: **FIRST_PAYMENT_SRC**

Description: Code indicating the expected primary source of payment.

Coding Scheme:

09	Self Pay (Removed from 5010 format, beginning 2Q2012 data)	HM	Health Maintenance Organization
10	Central Certification	LI	Liability
11	Other Non-federal Programs	LM	Liability Medical
12	Preferred Provider Organization (PPO)	MA	Medicare Part A
13	Point of Service (POS)	MB	Medicare Part B
14	Exclusive Provider Organization (EPO)	MC	Medicaid
15	Indemnity Insurance	TV	Title V
16	Health Maintenance Organization (HMO) Medicare Risk	OF	Other Federal Program

AM	Automobile Medical	VA	Veteran Administration Plan
BL	Blue Cross/Blue Shield	WC	Workers Compensation Health Claim
CH	CHAMPUS	ZZ	Charity, Indigent or Unknown
CI	Commercial Insurance	`	Invalid
DS	Disability Insurance		

Beginning Position: 51 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 20: **SECONDARY_PAYMENT_SRC**
Description: Code indicating the expected secondary source of payment.
Coding Scheme: Same as field 16, FIRST_PAYMENT_SRC
Beginning Position: 53 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 21: **TYPE_OF_BILL**
Description: Provides specific information about the claim data submitted. First digit = type of facility. Second digit = type of care. Third digit = sequence of the claim.

Coding Scheme:

1st digit–Type of Facility		*2nd digit–Type of Care*		*3rd digit–Sequence of claim*	
1	Hospital	1	Inpatient, including Medicare Part A	0	Non-payment/Zero claim
2	Skilled nursing	2	Inpatient, Medicare Part B only	1	Admit through discharge claim
3	Home health	3	Outpatient	2	Interim–first claim
4	Religious non-medical health care–Hospital	4	Outpatient Other, Medicare Part B only	3	Interim–continuing claim
5	Religious non-medical health care–Extended care	5	Intermediate Care–Level I	4	Interim–last claim
6	Intermediate care	6	Intermediate Care–Level II	5	Late charge(s) only claim
7	Clinic	7	Sub-acute inpatient – Level III	6	Adjustment of prior claim (Not used by Medicare)
8	Special facility	8	Swing bed	7	Replacement of prior claim
				8	Void/cancel of prior claim

Beginning Position: 55 **Data Source:** Claim
Length: 3 **Type:** Alphanumeric

Field 22: **CONDITION_CODE_1**
Code describing a condition relating to the claim.

Coding Scheme:

01	Military service related	23	Home care giver available	38	Semi-private room not available
02	Condition is employment related	24	Home IV patient also receiving HHA services	39	Private room medically necessary
03	Patient covered by insurance not reflected here	25	Patient is non-US resident	40	Same day transfer
04	Information only bill.	26	VA eligible patient chooses to receive services in a Medicare certified facility	41	Partial hospitalization
05	Lien has been filed	27	Patient referred to a sole community hospital for a diagnostic laboratory test	42	Continuing care not related to inpatient admission
06	ESRD patient in first 18 months of entitlement covered by EGHP	28	Patient and/or spouse's EGHP is secondary to Medicare	43	Continuing care not provided within prescribed postdischarge window
07	Treatment of non-terminal condition for hospice patient	29	Disabled beneficiary and/or family member's LGHP is secondary to Medicare	44	Inpatient admission changed to outpatient
08	Beneficiary would not provide information concerning other insurance coverage	30	Non-research services provided to patients enrolled in a qualified clinical trial	45	Ambiguous Gender Category
09	Neither patient or spouse is employed	31	Patient is student (full time - day)	46	Non-availability statement on file
10	Patient and/or spouse is employed but no EGHP exists	32	Patient is student (cooperative/work study program)	47	Transfer from another Home Health Agency
11	Disabled beneficiary but no LGHP coverage exists	33	Patient is student (full time - night)	48	Psychiatric residential treatment centers for children and adolescents (RTCs)
17	Patient is homeless	34	Patient is student (part-time)	49	Product replacement within product lifecycle
18	Maiden name retained	36	General care patient in a special unit	50	Product Replacement for Known Recall of a Product
19	Child retains mother's name	37	Ward accommodation at patient request	51	Attestation of Unrelated Outpatient Nondiagnostic Services
20	Beneficiary requested billing			52	Out of Hospice Service Area
21	Billing for denial notice				
22	Patient on multiple drug regimen				

53	Initial placement of a medical device provided as part of a clinical trial or a free sample
54	No Skilled Home Health Visits in Billing Period. Policy Exception Documented at the Home Health Agency
55	SNF bed not available
56	Medical appropriateness
57	SNF readmission
58	Terminated Medicare+Choice organization enrollee
59	Non-primary ESRD facility
60	Day outlier
61	Cost outlier
66	Provider does not wish cost outlier payment
67	Beneficiary elects not to use life time reserve (LTR) days
68	Beneficiary elects to use life time reserve (LTR) days
69	IME/DGME/N&AH Payment Only
70	Self-administered anemia management drug
71	Full care in unit
72	Self-care in unit
73	Self-care training
74	Home
75	Home - 100% reimbursement
76	Back-up in facility dialysis
77	Provider accepts or is obligated/required due to a contractual arrangement or law to accept payment by a primary payer as payment
78	New coverage not implemented by HMO
79	CORF services provided offsite
80	Home dialysis - nursing facility
81	C-section/Inductions <39 weeks-Medical Necessity
82	C-section/Inductions <39 weeks-Elective
83	C-section/Inductions 39 weeks or greater
84	Dialysis for Acute Kidney Injury (AKI)
85	Delayed Recertification of Hospice Terminal Illness
86	Additional Hemodialysis Treatment with Medical Justification
A0	TRICARE external partnership program
A1	EPSDT/CHAP
A2	Physically handicapped children's program
A3	Special Federal Funding
A4	Family planning
A5	Disability
A6	Vaccines/Medicare 100% payment
A9	Second opinion surgery
AA	Abortion performed due to rape
AB	Abortion performed due to incest
AC	Abortion performed due to serious fatal genetic defect, deformity, or abnormality
AD	Abortion performed due to life endangering physical condition
AE	Abortion performed due to physical health of mother that is not life endangering
AF	Abortion performed due to emotional/psychological health of mother
AG	Abortion performed due to social or economic reasons
AH	Elective abortion
AI	Sterilization
AJ	Payer responsible for co-payment
AK	Air ambulance required
AL	Specialized treatment/bed unavailable
AM	Non-emergency medically necessary stretcher transport required
AN	Pre-admission screening not required
B0	Medicare coordinated care demonstration claim
B1	Beneficiary is ineligible for demonstration program
B4	Admission unrelated to discharge on same day
BP	Gulf Oil Spill of 2010
C1	Approved as billed
C2	Automatic approval as billed based on focused review
C3	Partial approval
C4	Admission/services denied
C5	Post-payment review applicable
C6	Admission Preauthorization
C7	Extended Authorization
D0	Changes to Service Dates
D1	Changes to Charges
D3	Second or Subsequent Interim PPS Bill
D4	Change in clinical codes (ICD) for diagnosis and/or procedure codes.
D5	Cancel to correct Insured's ID or Provider ID
D6	Cancel Only to Repay a Duplicate or OIG Overpayment
D7	Change to Make Medicare the Secondary Payer
D8	Change to Make Medicare the Primary Payer
D9	Any Other Change
DR	Disaster related
E0	Changes in Patient Status
G0	Distinct Medical Visit
H0	Delayed Filing, Statement of Intent Submitted
H2	Discharge by a Hospice Provider for Cause
H3	Reoccurrence of GI Bleed Comorbid Category
H4	Reoccurrence of Pneumonia Comorbid Category
H5	Reoccurrence of Pericarditis Comorbid Category
P1	Do not Resuscitate Order (DNR)
P7	Direct Inpatient Admission from Emergency Room
R1	Request for reopening Reason Code - Mathematical or Computational Mistake
R2	Request for reopening Reason Code -Inaccurate Data Entry
R3	Request for reopening Reason Code - Misapplication of a Fee Schedule
R4	Request for reopening Reason Code - Computer Errors
R5	Request for reopening Reason Code - Incorrectly Identified Duplicate Claim
R6	Request for reopening Reason Code - Other Clerical Errors or Minor Errors and Omissions not Specified in R1-R5 above
R7	Request for reopening Reason Code - Corrections other than clerical errors
R8	Request for reopening Reason Code - New and Material Evidence
R9	Request for reopening Reason Code - Faulty Evidence
WO	United Mine Workers of America (UMWA) Demonstration Indicator
W2	Duplicate of Original Bill
W3	Level I Appeal
W4	Level II Appeal
W5	Level III Appeal

Beginning Position: 58
Length: 2
Data Source: Claim
Type: Alphanumeric

Field 23:	**CONDITION_CODE_2** Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	60	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 24:	**CONDITION_CODE_3** Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	62	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 25:	**CONDITION_CODE_4** Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field 22.		
Beginning Position:	64	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 26:	**CONDITION_CODE_5** Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	66	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 27:	**CONDITION_CODE_6** Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	68	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 28:	**CONDITION_CODE_7** Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	70	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 29:	**CONDITION_CODE_8** Code describing a condition relating to the claim.		
Coding Scheme:	Same as Field CONDITION_CODE_1.		
Beginning Position:	72	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 30:	**PAT_REASON_FOR_VISIT** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	74	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 31:	**PRINC_DIAG_CODE** ICD-10-CM diagnosis code for the principal diagnosis, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	81	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 32:	**OTH_DIAG_CODE_1** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	88	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 33:	**OTH_DIAG_CODE_2** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	95	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 34:	**OTH_DIAG_CODE_3** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	102	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 35:	**OTH_DIAG_CODE_4**		

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	109	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 36: **OTH_DIAG_CODE_5**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	116	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 37: **OTH_DIAG_CODE_6**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	123	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 38: **OTH_DIAG_CODE_7**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	130	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 39: **OTH_DIAG_CODE_8**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	137	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 40: **OTH_DIAG_CODE_9**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	144	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 41: **OTH_DIAG_CODE_10**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	151	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 42: **OTH_DIAG_CODE_11**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	158	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 43: **OTH_DIAG_CODE_12**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	165	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 44: **OTH_DIAG_CODE_13**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	172	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 45: **OTH_DIAG_CODE_14**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	179	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 46: **OTH_DIAG_CODE_15**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	186	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 47: **OTH_DIAG_CODE_16**

ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.

Beginning Position:	193	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 48:	**OTH_DIAG_CODE_17** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	200	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 49:	**OTH_DIAG_CODE_18** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	207	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 50:	**OTH_DIAG_CODE_19** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	214	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 51:	**OTH_DIAG_CODE_20** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	221	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 52:	**OTH_DIAG_CODE_21** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	228	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 53:	**OTH_DIAG_CODE_22** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	235	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 54:	**OTH_DIAG_CODE_23** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	242	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 55:	**OTH_DIAG_CODE_24** ICD-10-CM diagnosis code, including the 4th, 5th, 6th and 7th digits if applicable. Decimal is implied following the third character.		
Beginning Position:	249	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 56:	**RELATED_CAUSE_CODE_1** Code identifying an accompanying cause of an illness, injury or an accident.		
Coding Scheme:	AA Auto accident AB Abuse AP Another party responsible EM Employment OA Other accident		
Beginning Position:	256	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 57:	**RELATED_CAUSE_CODE _2** Code identifying an accompanying cause of an illness, injury or an accident.		
Coding Scheme:	Same as Field RELATED_CAUSE_CODE_1.		
Beginning Position:	258	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric
Field 58:	**RELATED_CAUSE_CODE _3** Code identifying an accompanying cause of an illness, injury or an accident.		

Coding Scheme:	Same as Field RELATED_CAUSE_CODE_1.		
Beginning Position:	260	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 59:	**E_CODE_1** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of the primary external cause of injury. A decimal is implied following the third character.		
Beginning Position:	262	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 60:	**E_CODE_2** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	269	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 61:	**E_CODE_3** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	276	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 62:	**E_CODE_4** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	283	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 63:	**E_CODE_5** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	290	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 64:	**E_CODE_6** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	297	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 65:	**E_CODE_7** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	304	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 66:	**E_CODE_8** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	311	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 67:	**E_CODE_9** ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.		
Beginning Position:	318	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric
Field 68:	**E_CODE_10**		

ICD-10-CM external cause of injury code, including the 4th, 5th, 6th and 7th digits if applicable, of an additional external cause of injury. Decimal is implied following the third character.

Beginning Position:	325	**Data Source:**	Claim
Length:	7	**Type:**	Alphanumeric

Field 69:	**PROC_CODE_1** Code for the surgical or other procedure with the highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	332	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 70:	**PROC_CODE_2** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	337	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 71:	**PROC_CODE_3** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	342	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 72:	**PROC_CODE_4** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	347	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 73:	**PROC_CODE_5** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	352	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 74:	**PROC_CODE_6** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	357	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 75:	**PROC_CODE_7** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	362	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 76:	**PROC_CODE_8** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	367	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 77:	**PROC_CODE_9** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	372	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 78:	**PROC_CODE_10** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	377	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 79:	**PROC_CODE_11** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	382	**Data Source:**	Claim

Length:	5	**Type:**	Alphanumeric
Field 80:	**PROC_CODE_12** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	387	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 81:	**PROC_CODE_13** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	392	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 82:	**PROC_CODE_14** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	397	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 83:	**PROC_CODE_15** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	402	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 84:	**PROC_CODE_16** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	407	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 85:	**PROC_CODE_17** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	412	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 86:	**PROC_CODE_18** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	417	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 87:	**PROC_CODE_19** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	422	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 88:	**PROC_CODE_20** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	427	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 89:	**PROC_CODE_21** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	432	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 90:	**PROC_CODE_22** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	437	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 91:	**PROC_CODE_23** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	442	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric

Field 92:	**PROC_CODE_24** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	447	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 93:	**PROC_CODE_25** Code for surgical or other procedure with the next highest charge performed during the period covered by the bill. HCPCS or CPT code.		
Beginning Position:	452	**Data Source:**	Claim
Length:	5	**Type:**	Alphanumeric
Field 94:	**OTHER_AMOUNT** Ancillary Service Charge, Other Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0002-0099, 022X-024X, 052X-053X, 055X-060X, 064X-070X, 076X-078X, 090X-095X, 099X.		
Beginning Position:	457	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 95:	**PHARM_AMOUNT** Ancillary Service Charge, Pharmacy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 026X, 063X.		
Beginning Position:	469	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 96:	**MEDSURG_AMOUNT** Ancillary Service Charge, Medical/Surgical Supply Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 027X, 062X.		
Beginning Position:	481	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 97:	**DME_AMOUNT** Ancillary Service Charge, Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue centers 0290-0292, 0294-0299.		
Beginning Position:	493	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 98:	**USED_DME_AMOUNT** Ancillary Service Charge, Used Durable Medical Equipment Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 0293.		
Beginning Position:	505	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 99:	**PT_AMOUNT** Ancillary Service Charge, Physical Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 042X.		
Beginning Position:	517	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 100:	**OT_AMOUNT** Ancillary Service Charge, Occupational Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 043X.		
Beginning Position:	529	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 101:	**SPEECH_AMOUNT** Ancillary Service Charge, Speech Pathology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 044X, 047X.		
Beginning Position:	541	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 102:	**IT_AMOUNT**		

Ancillary Service Charge, Inhalation Therapy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 041X, 046X.

Beginning Position:	553	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 103: **BLOOD_AMOUNT**

Ancillary Service Charge for blood provided during the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 038X.

Beginning Position:	565	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 104: **BLOOD_ADMIN_AMOUNT**

Ancillary Service Charge for blood storage and processing related to the patient's stay. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 039X.

Beginning Position:	577	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 105: **OR_AMOUNT**

Ancillary Service Charge, Operating Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 036X, 071X-072X.

Beginning Position:	589	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 106: **LITH_AMOUNT**

Ancillary Service Charge, Lithotripsy Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 079X.

Beginning Position:	601	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 107: **CARD_AMOUNT**

Ancillary Service Charge, Cardiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 048X, 073X.

Beginning Position:	613	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 108: **ANES_AMOUNT**

Ancillary Service Charge, Anesthesia Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 037X.

Beginning Position:	625	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 109: **LAB_AMOUNT**

Ancillary Service Charge, Laboratory Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 030X-031X, 074X-075X.

Beginning Position:	637	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 110: **RAD_AMOUNT**

Ancillary Service Charge, Radiology Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 028X, 032X-035X, 040X.

Beginning Position:	649	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 111: **MRI_AMOUNT**

Ancillary Service Charge, MRI Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 061X.

Beginning Position:	661	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric

Field 112: **OP_AMOUNT**

	Ancillary Service Charge, Outpatient Services Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 049X-050X.		
Beginning Position:	673	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 113:	**ER_AMOUNT**		
	Ancillary Service Charge, Emergency Room Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 045X.		
Beginning Position:	685	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 114:	**AMBULANCE_AMOUNT**		
	Ancillary Service Charge, Ambulance Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 054X.		
Beginning Position:	697	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 115:	**PRO_FEE_AMOUNT**		
	Ancillary Service Charge, Professional Fee Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 096X-098X.		
Beginning Position:	709	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 116:	**ORGAN_AMOUNT**		
	Ancillary Service Charge, Organ Acquisition Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 081X, 089X.		
Beginning Position:	721	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 117:	**ESRD_AMOUNT**		
	Ancillary Service Charge, End Stage Renal Dialysis Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 080X, 082X-085X, 088X.		
Beginning Position:	733	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 118:	**CLINIC_AMOUNT**		
	Ancillary Service Charge, Clinic Visit Charge Amount. Calculated using MEDPAR algorithm. Sum of charges associated with revenue codes other than 0100-0219, revenue center 051X.		
Beginning Position:	745	**Data Source:**	Calculated
Length:	12	**Type:**	Numeric
Field 119:	**TOTAL_CHARGES**		
	Sum of accommodation charges, non-covered accommodation charges, ancillary charges, non-covered ancillary charges.		
Beginning Position:	757	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 120:	**TOTAL_NON_COV_CHARGES**		
	Sum of non-covered accommodation charges, non-covered ancillary charges.		
Beginning Position:	769	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 121:	**TOTAL_CHARGES_ANCIL**		
	Sum of covered and non-covered ancillary charges.		
Beginning Position:	781	**Data Source:**	Claim
Length:	12	**Type:**	Numeric
Field 122:	**TOTAL_NON_COV_CHARGES_ANCIL**		
	Sum of non-covered ancillary charges.		
Beginning Position:	793	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

Field 123:	**PHYSICIAN1_INDEX_NUMBER**
Description:	Unique identifier assigned to the licensed physician reported as the Operating Physician, if reported in the 837 Institutional Guide format, or Rendering Physician 1, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients.
Suppression:	Suppressed when the number of physicians reported for a facility or the number of physicians reported for CCS_PROC_CODE_1 for the facility is less than five.
Coding Scheme:	9999999998 Cell size less than 5 9999999999 Temporary license or license number could not be matched
Beginning Position:	805 **Data Source:** Assigned
Length:	10 **Type:** Alphanumeric
Field 124:	**PHYSICIAN2_INDEX_NUMBER**
Description:	Unique identifier assigned to the licensed physician reported as the other provider, if reported in the 837 Institutional Guide format, or the Rendering Physician 2, if reported in the 837 Professional Guide format. Physician is an individual licensed to practice medicine under the Medical Practice Act. Can include a health practitioner other than a physician who provides a diagnostic or therapeutic procedure related to the outpatient's surgical or radiological procedure, including a technician, psychologist, chiropractor, dentist, nurse practitioner, nurse midwife or podiatrist, authorized by the facility to treat patients.
Suppression:	Suppressed when the number of physicians reported for a facility or the number of physicians represented for CCS_PROC_CODE_1 for a facility is less than five.
Coding Scheme:	9999999998 Cell size less than 5 9999999999 Temporary license or license number could not be matched
Beginning Position:	815 **Data Source:** Assigned
Length:	10 **Type:** Alphanumeric
Field 125:	**INPUT_FORMAT**
	Format in which the outpatient data file was submitted by the facility
Coding Scheme:	0 837 Professional 1 837 Institutional
Beginning Position:	825 **Data Source:** Assigned
Length:	1 **Type:** Alphanumeric
Field 126:	**SOURCE_OF_ADMISSION**
Description:	Code indicating source of the admission.
Coding Scheme:	1 Non-Healthcare Facility Point of Origin (Beginning July 1, 2010) 2 Clinic or Physician's Office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, intermediate care facility or assisted living facility 6 Transfer from another health care facility 8 Court/Law Enforcement 9 Information not available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from a Hospice Facility ` Invalid If Type of Admission=4 (Newborn) 5 Born inside this hospital 6 Born outside this hospital
Beginning Position:	826 **Data Source:** Claim
Length:	1 **Type:** Alphanumeric
Field 127:	**PAT_STATUS**
Description:	Code indicating patient status as of the ending date of service for the period of care reported
Coding Scheme:	

01 Discharged to home or self-care (routine discharge)

02 Discharged/transferred to a short term general hospital for inpatient care

03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care

04	Discharged/transferred to a facility that provides custodial or supportive care
05	Discharged/transferred to a Designated Cancer Center or Children's Hospital (effective 10-1-2007)
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
07	Left against medical advice
08	Admitted as inpatient to this hospital
09	Expired
20	Discharged/transferred to Court/Law Enforcement
21	Still patient
30	Expired at home
40	Expired in a medical facility
41	Expired, place unknown
42	Discharged/transferred to federal government operated health facility
43	Hospice–home
50	Hospice–medical facility (Certified) providing hospice level of care
51	Discharged/transferred within this institution to Medicare-approved swing bed
61	Discharged/transferred to inpatient rehabilitation facility
62	Discharged/transferred to Medicare-certified long term care hospital
63	Discharged/transferred to Medicaid-certified nursing facility under Medicaid but not certified under Medicare
64	Discharged/transferred to psychiatric hospital or psychiatric distinct part of a hospital
65	Discharged/transferred to Critical Access Hospital (CAH)
66	Discharged/Transferred to a designated disaster alternate care (effective 10-1-2013)
69	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
70	Discharged to Home or Self Care with a Planned Acute. Care Hospital Inpatient Readmission (effective 10-1-2013)
81	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
82	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
83	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
84	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
85	Discharged/Transferred to Home under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
86	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
87	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
88	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
89	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
90	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
91	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
92	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
93	Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
94	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (effective 10-1-2013)
95	Discharged to home or self-care (routine discharge)
`	Invalid

Beginning Position:	827	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 128:	**PROVIDER_NAME**
Description:	Name provided by the facility.
Suppression:	Facilities reporting fewer than 50 events (Provider ID equals '999999') are assigned the name 'Low Volume Facility'. If a facility reported fewer than 5 events for a particular gender, including 'unknown', Provider Name is blank.

Beginning Position:	829	**Data Source:**	Provider
Length:	55	**Type:**	Alphanumeric

OUTPATIENT CLASSIFICATION DATA FILE

Field 1:	**RECORD_ID**		
Description:	Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Outpatient PUDF is not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).		
Beginning Position:	1	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 2:	**CCS_PRIN_DIAG_CODE**		
	Clinical Classifications Software (CCS) classification of PRIN_DIAG_CODE into clinically meaningful diagnosis category.		
Beginning Position:	13	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 3:	**CCS_OTH_DIAG_CODE_1**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_1 into clinically meaningful diagnosis category.		
Beginning Position:	17	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 4:	**CCS_OTH_DIAG_CODE_2**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_2 into clinically meaningful diagnosis category.		
Beginning Position:	21	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 5:	**CCS_OTH_DIAG_CODE_3**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_3 into clinically meaningful diagnosis category.		
Beginning Position:	25	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 6:	**CCS_OTH_DIAG_CODE_4**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_4 into clinically meaningful diagnosis category.		
Beginning Position:	29	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 7:	**CCS_OTH_DIAG_CODE_5**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_5 into clinically meaningful diagnosis category.		
Beginning Position:	33	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 8:	**CCS_OTH_DIAG_CODE_6**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_6 into clinically meaningful diagnosis category.		
Beginning Position:	37	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 9:	**CCS_OTH_DIAG_CODE_7**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_7 into clinically meaningful diagnosis category.		
Beginning Position:	41	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 10:	**CCS_OTH_DIAG_CODE_8**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_8 into clinically meaningful diagnosis category.		
Beginning Position:	45	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 11:	**CCS_OTH_DIAG_CODE_9**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_9 into clinically meaningful diagnosis category.		
Beginning Position:	49	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 12:	**CCS_OTH_DIAG_CODE_10**		
	Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_10 into clinically meaningful diagnosis category.		

Beginning Position:	53	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 13: **CCS_OTH_DIAG_CODE_11**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_11 into clinically meaningful diagnosis category.

Beginning Position:	57	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 14: **CCS_OTH_DIAG_CODE_12**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_12 into clinically meaningful diagnosis category.

Beginning Position:	61	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 15: **CCS_OTH_DIAG_CODE_13**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_13 into clinically meaningful diagnosis category.

Beginning Position:	65	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 16: **CCS_OTH_DIAG_CODE_14**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_14 into clinically meaningful diagnosis category.

Beginning Position:	69	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 17: **CCS_OTH_DIAG_CODE_15**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_15 into clinically meaningful diagnosis category.

Beginning Position:	73	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 18: **CCS_OTH_DIAG_CODE_16**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_16 into clinically meaningful diagnosis category.

Beginning Position:	77	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 19: **CCS_OTH_DIAG_CODE_17**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_17 into clinically meaningful diagnosis category.

Beginning Position:	81	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 20: **CCS_OTH_DIAG_CODE_18**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_18 into clinically meaningful diagnosis category.

Beginning Position:	85	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 21: **CCS_OTH_DIAG_CODE_19**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_19 into clinically meaningful diagnosis category.

Beginning Position:	89	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 22: **CCS_OTH_DIAG_CODE_20**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_20 into clinically meaningful diagnosis category.

Beginning Position:	93	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 23: **CCS_OTH_DIAG_CODE_21**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_21 into clinically meaningful diagnosis category.

Beginning Position:	97	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric

Field 24: **CCS_OTH_DIAG_CODE_22**

Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_22 into clinically meaningful diagnosis category.

Beginning Position:	101	**Data Source:**	Assigned

Length:	4	**Type:**	Alphanumeric
Field 25:	**CCS_OTH_DIAG_CODE_23** Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_23 into clinically meaningful diagnosis category.		
Beginning Position:	105	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 26:	**CCS_OTH_DIAG_CODE_24** Clinical Classifications Software (CCS) classification of OTH_DIAG_CODE_24 into clinically meaningful diagnosis category.		
Beginning Position:	109	**Data Source:**	Assigned
Length:	4	**Type:**	Alphanumeric
Field 27:	**CCS_PROC_CODE_1** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_1 into clinically meaningful procedure category.		
Beginning Position:	113	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 28:	**CCS_PROC_CODE_2** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_2 into clinically meaningful procedure category.		
Beginning Position:	116	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 29:	**CCS_PROC_CODE_3** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_3 into clinically meaningful procedure category.		
Beginning Position:	119	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 30:	**CCS_PROC_CODE_4** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_4 into clinically meaningful procedure category.		
Beginning Position:	122	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 31:	**CCS_PROC_CODE_5** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_5 into clinically meaningful procedure category.		
Beginning Position:	125	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 32:	**CCS_PROC_CODE_6** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_6 into clinically meaningful procedure category.		
Beginning Position:	128	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 33:	**CCS_PROC_CODE_7** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_7 into clinically meaningful procedure category.		
Beginning Position:	131	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 34:	**CCS_PROC_CODE_8** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_8 into clinically meaningful procedure category.		
Beginning Position:	134	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 35:	**CCS_PROC_CODE_9** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_9 into clinically meaningful procedure category.		
Beginning Position:	137	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 36:	**CCS_PROC_CODE_10** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_10 into clinically meaningful procedure category.		
Beginning Position:	140	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 37:	**CCS_PROC_CODE_11** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_11 into clinically meaningful procedure category.		
Beginning Position:	143	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 38:	**CCS_PROC_CODE_12** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_12 into clinically meaningful procedure category.		
Beginning Position:	146	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 39:	**CCS_PROC_CODE_13** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_13 into clinically meaningful procedure category.		
Beginning Position:	149	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 40:	**CCS_PROC_CODE_14** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_14 into clinically meaningful procedure category.		
Beginning Position:	152	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 41:	**CCS_PROC_CODE_15** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_15 into clinically meaningful procedure category.		
Beginning Position:	155	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 42:	**CCS_PROC_CODE_16** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_16 into clinically meaningful procedure category.		
Beginning Position:	158	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 43:	**CCS_PROC_CODE_17** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_17 into clinically meaningful procedure category.		
Beginning Position:	161	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 44:	**CCS_PROC_CODE_18** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_18 into clinically meaningful procedure category.		
Beginning Position:	164	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 45:	**CCS_PROC_CODE_19** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_19 into clinically meaningful procedure category.		
Beginning Position:	167	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 46:	**CCS_PROC_CODE_20** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_20 into clinically meaningful procedure category.		
Beginning Position:	170	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 47:	**CCS_PROC_CODE_21** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_21 into clinically meaningful procedure category.		
Beginning Position:	173	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 48:	**CCS_PROC_CODE_22** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_22 into clinically meaningful procedure category.		
Beginning Position:	176	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric

Field 49:	**CCS_PROC_CODE_23** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_23 into clinically meaningful procedure category.		
Beginning Position:	179	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 50:	**CCS_PROC_CODE_24** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_24 into clinically meaningful procedure category.		
Beginning Position:	182	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 51:	**CCS_PROC_CODE_25** Clinical Classifications Software (CCS) for Services and Procedures classification of PROC_CODE_25 into clinically meaningful procedure category.		
Beginning Position:	185	**Data Source:**	Assigned
Length:	3	**Type:**	Alphanumeric
Field 52:	**EAPG_GRP_VER** Enhanced Ambulatory Patient Group Version Number, as assigned by 3M™ EAPG Grouper		
Beginning Position:	188		
Length:	12	**Type:**	Alphanumeric
Field 53:	**APC_GRP_VER** Ambulatory Payment Classification (APC) Version Number as assigned by 3M™ APC Grouper. Not available 4Q09.		
Beginning Position:	200	**Data Source:**	Assigned
Length:	12	**Type:**	Alphanumeric
Field 54:	**CRG_STATUS_1** Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	212	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 55:	**CRG_STATUS_2** Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	213	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 56:	**CRG_STATUS_3** Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	214	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 57:	**CRG_STATUS_4** Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	215	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 58:	**CRG_STATUS_5** Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	216	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 59:	**CRG_STATUS_6** Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	217	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 60:	**CRG_STATUS_7** Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	218	**Data Source:**	Assigned

Length:	1	**Type:**	Alphanumeric
Field 61:	**CRG_STATUS_8** Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	219	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 62:	**CRG_STATUS_9** Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	220	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 63:	**CRG_STATUS_10** Clinical Risk Group (CRG) status code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	221	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 64:	**CRG_CODE_1** Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	222	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 65:	**CRG_CODE_2** Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	227	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 66:	**CRG_CODE_3** Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	232	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 67:	**CRG_CODE_4** Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	237	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 68:	**CRG_CODE_5** Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	242	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 69:	**CRG_CODE_6** Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	247	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 70:	**CRG_CODE_7** Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	252	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 71:	**CRG_CODE_8** Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	257	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 72:	**CRG_CODE_9** Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	262	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric

Field 73:	**CRG_CODE_10** Clinical Risk Group (CRG) code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	267	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 74:	**CRG_SEVERITY_1** Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	272	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 75:	**CRG_SEVERITY_2** Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	273	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 76:	**CRG_SEVERITY_3** Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	274	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 77:	**CRG_SEVERITY_4** Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	275	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 78:	**CRG_SEVERITY_5** Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	276	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 79:	**CRG_SEVERITY_6** Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	277	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 80:	**CRG_SEVERITY_7** Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	278	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 81:	**CRG_SEVERITY_8** Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	279	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 82:	**CRG_SEVERITY_9** Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	280	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 83:	**CRG_SEVERITY_10** Clinical Risk Group (CRG) severity code as assigned by 3M™ CRG Grouper. Not available 4Q09.		
Beginning Position:	281	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

OUTPATIENT CHARGES DATA FILE

Field 1: **RECORD_ID**

Description: Record Identification Number. Unique number assigned to identify the record. The Record_ID in the ED Outpatient PUDF is not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).

Beginning Position: 1 **Data Source:** Assigned

Length: 12 **Type:** Alphanumeric

Field 2: **REVENUE_CODE**

Description: Code corresponding to each specific accommodation, ancillary service or billing calculation related to the services being billed.

Coding Scheme:

0100	All-inclusive room charges plus ancillary
0101	All-inclusive room charges
0110	Room charges for private rooms - general
0111	Room charges for private rooms - medical/surgical/GYN
0112	Room charges for private rooms - obstetrics
0113	Room charges for private rooms - pediatric
0114	Room charges for private rooms - psychiatric
0115	Room charges for private rooms - hospice
0116	Room charges for private rooms - detoxification
0117	Room charges for private rooms - oncology
0118	Room charges for private rooms - rehabilitation
0119	Room charges for private rooms - other
0120	Room charges for semi-private rooms - general
0121	Room charges for semi-private rooms - medical/surgical/GYN
0122	Room charges for semi-private rooms - obstetrics
0123	Room charges for semi-private rooms - pediatric
0124	Room charges for semi-private rooms - psychiatric
0125	Room charges for semi-private rooms - hospice
0126	Room charges for semi-private rooms - detoxification
0127	Room charges for semi-private rooms - oncology
0128	Room charges for semi-private rooms - rehabilitation
0129	Room charges for semi-private rooms - other
0130	Room charges for semi-private - 3/4 beds - rooms - general
0131	Room charges for semi-private - 3/4 beds - rooms - medical/surgical/GYN
0132	Room charges for semi-private - 3/4 beds - rooms - obstetrics
0133	Room charges for semi-private - 3/4 beds - rooms - pediatric
0134	Room charges for semi-private - 3/4 beds - rooms - psychiatric
0135	Room charges for semi-private - 3/4 beds - rooms - hospice
0136	Room charges for semi-private - 3/4 beds - rooms - detoxification
0137	Room charges for semi-private - 3/4 beds - rooms - oncology
0138	Room charges for semi-private - 3/4 beds - rooms - rehabilitation
0139	Room charges for semi-private - 3/4 beds - rooms - other
0140	Room charges for private (deluxe) rooms - general
0141	Room charges for private (deluxe) rooms - medical/surgical/GYN
0142	Room charges for private (deluxe) rooms - obstetrics
0143	Room charges for private (deluxe) rooms - pediatric
0144	Room charges for private (deluxe) rooms - psychiatric
0145	Room charges for private (deluxe) rooms - hospice
0146	Room charges for private (deluxe) rooms - detoxification
0147	Room charges for private (deluxe) rooms - oncology
0148	Room charges for private (deluxe) rooms - rehabilitation
0149	Room charges for private (deluxe) rooms - other
0150	Room charges for ward rooms - general
0151	Room charges for ward rooms - medical/surgical/GYN
0152	Room charges for ward rooms - obstetrics
0153	Room charges for ward rooms - pediatric
0154	Room charges for ward rooms - psychiatric
0155	Room charges for ward rooms - hospice
0156	Room charges for ward rooms - detoxification
0157	Room charges for ward rooms - oncology
0158	Room charges for ward rooms - rehabilitation
0159	Room charges for ward rooms - other
0160	Room charges for other rooms - general
0164	Room charges for other rooms – Sterile Environment
0167	Room charges for other rooms – self care
0169	Room charges for other rooms - other
0170	Room charges for nursery - general
0171	Room charges for nursery - newborn level I
0172	Room charges for nursery - newborn level II
0173	Room charges for nursery - newborn level III
0174	Room charges for nursery - newborn level IV
0179	Room charges for nursery - other
0180	Room charges for LOA - general
0182	Room charges for LOA - patient convenience-charges billable
0183	Room charges for LOA - therapeutic leave
0185	Room charges for LOA – nursing home (for hospitalization)
0189	Room charges for LOA - other
0190	Room charges for subacute care - general
0191	Room charges for subacute care - Level I (skilled care)
0192	Room charges for subacute care - Level II (comprehensive care)

0193	Room charges for subacute care - Level III (complex care)
0194	Room charges for subacute care - Level IV (intensive care)
0199	Room charges for subacute care - other
0200	Room charges for intensive care - general
0201	Room charges for intensive care - surgical
0202	Room charges for intensive care - medical
0203	Room charges for intensive care - pediatric
0204	Room charges for intensive care - psychiatric
0206	Room charges for intensive care - intermediate intensive care unit (ICU)
0207	Room charges for intensive care - burn care
0208	Room charges for intensive care - trauma
0209	Room charges for intensive care - other
0210	Room charges for coronary care - general
0211	Room charges for coronary care - myocardial infarction
0212	Room charges for coronary care - pulmonary care
0213	Room charges for coronary care - heart transplant
0214	Room charges for coronary care - intermediate coronary care unit (CCU)
0219	Room charges for coronary care - other
0220	Special charges - general
0221	Special charges - admission charge
0222	Special charges - technical support charge
0223	Special charges - UR service charge
0224	Special charges - late discharge, medically necessary
0229	Special charges - other
0230	Incremental nursing care - general
0231	Incremental nursing care - nursery
0232	Incremental nursing care - OB
0233	Incremental nursing care - ICU (includes transitional care)
0234	Incremental nursing care - CCU (includes transitional care)
0235	Incremental nursing care - hospice
0239	Incremental nursing care - other
0240	All-inclusive ancillary - general
0241	All-inclusive ancillary - basic
0242	All-inclusive ancillary - comprehensive
0243	All-inclusive ancillary - specialty
0249	All-inclusive ancillary - other
0250	Pharmacy - general
0251	Pharmacy - generic drugs
0252	Pharmacy – non-generic drugs
0253	Pharmacy - take-home drugs
0254	Pharmacy - drugs incident to other diagnostic services
0255	Pharmacy - drugs incident to radiology
0256	Pharmacy - experimental drugs
0257	Pharmacy - nonprescription
0258	Pharmacy - IV solutions
0259	Pharmacy - other
0260	IV Therapy - general
0261	IV Therapy - infusion pump
0262	IV Therapy - pharmacy services
0263	IV Therapy - drug/supply delivery
0264	IV Therapy - supplies
0269	IV Therapy - other
0270	Medical surgical supplies and devices - general
0271	Medical surgical supplies and devices - nonsterile
0272	Medical surgical supplies and devices - sterile
0273	Medical surgical supplies and devices - take-home
0274	Medical surgical supplies and devices - prosthetic/orthotic
0275	Medical surgical supplies and devices - pacemaker
0276	Medical surgical supplies and devices - intraocular lens (IOL)
0277	Medical surgical supplies and devices - oxygen - take-home
0278	Medical surgical supplies and devices - other implants
0279	Medical surgical supplies and devices - other
0280	Oncology - general
0289	Oncology - other
0290	DME - general
0291	DME - rental
0292	DME - purchase of new
0293	DME - purchase of used
0294	DME - supplies/drugs for DME effectiveness
0299	DME - other equipment
0300	Laboratory - general
0301	Laboratory - chemistry
0302	Laboratory - immunology
0303	Laboratory - renal patient (home)
0304	Laboratory – non-routine dialysis
0305	Laboratory - hematology
0306	Laboratory - bacteriology and microbiology
0307	Laboratory - urology
0309	Laboratory - other
0310	Laboratory pathological - general
0311	Laboratory pathological - cytology
0312	Laboratory pathological - histology
0314	Laboratory pathological - biopsy
0319	Laboratory pathological - other
0320	Radiology - diagnostic - general
0321	Radiology - diagnostic - angiocardiography
0322	Radiology - diagnostic - arthrography
0323	Radiology - diagnostic - arteriography
0324	Radiology - diagnostic - chest x-ray
0329	Radiology - diagnostic - other
0330	Radiology - therapeutic and/or chemotherapy administration - general
0331	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - injected
0332	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - oral
0333	Radiology - therapeutic and/or chemotherapy administration - radiation therapy

0335	Radiology - therapeutic and/or chemotherapy administration - chemotherapy - IV
0339	Radiology - therapeutic and/or chemotherapy administration - other
0340	Nuclear medicine - general
0341	Nuclear medicine - diagnostic procedures
0342	Nuclear medicine - therapeutic procedures
0343	Nuclear medicine - diagnostic radiopharmaceuticals
0344	Nuclear medicine - therapeutic radiopharmaceuticals
0349	Nuclear medicine - other
0350	CT scan - general
0351	CT scan - head
0352	CT scan - body
0359	CT scan - other
0360	Operating room services - general
0361	Operating room services - minor surgery
0362	Operating room services - organ transplant other than kidney
0367	Operating room services - kidney transplant
0369	Operating room services - other
0370	Anesthesia - general
0371	Anesthesia - incident to radiology
0372	Anesthesia - incident to other diagnostic services
0374	Anesthesia - acupuncture
0379	Anesthesia - other
0380	Blood - general
0381	Blood - packed red cells
0382	Blood - whole blood
0383	Blood - plasma
0384	Blood - platelets
0385	Blood - leukocytes
0386	Blood - other components
0387	Blood - other derivatives (cryoprecipitate)
0389	Blood - other
0390	Blood and blood component administration, storage and processing - general
0391	Blood and blood component administration, storage and processing - administration
0392	Blood and blood component administration, storage and processing – processing and storage
0399	Blood and blood component administration, storage and processing - other
0400	Other imaging services - general
0401	Other imaging services - diagnostic mammography
0402	Other imaging services - ultrasound
0403	Other imaging services - screening mammography
0404	Other imaging services - PET
0409	Other imaging services - other
0410	Respiratory services - general
0412	Respiratory services - inhalation
0413	Respiratory services - hyperbaric oxygen therapy
0419	Respiratory services - other
0420	Physical therapy - general
0421	Physical therapy - visit charge
0422	Physical therapy - hourly charge
0423	Physical therapy - group rate
0424	Physical therapy - evaluation or reevaluation
0429	Physical therapy - other
0430	Occupational therapy - general
0431	Occupational therapy - visit charge
0432	Occupational therapy - hourly charge
0433	Occupational therapy - group rate
0434	Occupational therapy - evaluation or reevaluation
0439	Occupational therapy - other
0440	Speech-language pathology - general
0441	Speech-language pathology - visit charge
0442	Speech-language pathology - hourly charge
0443	Speech-language pathology - group rate
0444	Speech-language pathology - evaluation or reevaluation
0449	Speech-language pathology - other
0450	Emergency room - general
0451	Emergency room - EMTALA emergency medical screening services
0452	Emergency room - beyond EMTALA screening
0456	Emergency room - urgent care
0459	Emergency room - other
0460	Pulmonary function - general
0469	Pulmonary function - other
0470	Audiology - general
0471	Audiology - diagnostic
0472	Audiology - treatment
0479	Audiology - other
0480	Cardiology - general
0481	Cardiology - cardiac cath lab
0482	Cardiology - stress test
0483	Cardiology - echocardiology
0489	Cardiology - other
0490	Ambulatory surgical care - general
0499	Ambulatory surgical care - other
0500	Outpatient services - general
0509	Outpatient services - other
0510	Clinic - general
0511	Clinic - chronic pain
0512	Clinic - dental
0513	Clinic - psychiatric
0514	Clinic - OB/GYN
0515	Clinic - pediatric
0516	Clinic - urgent care
0517	Clinic - family practice
0519	Clinic - other
0520	Freestanding Clinic - general
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC

0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0523	Freestanding Clinic - family practice
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not Covered Part A Stay) or NF or ICF MR or Other Residential Facility
0526	Freestanding Clinic - urgent care
0527	Freestanding Clinic - Visiting Nurse Services(s) to a Member's Home when in a Home Health Shortage Area
0528	Freestanding Clinic – Visit by RHC/FQHC Practitioner to Other non RHC/FQHC Site (e.g. Scene of Accident)
0529	Freestanding Clinic - other
0530	Osteopathic service - general
0531	Osteopathic service - therapy
0539	Osteopathic service - other
0540	Ambulance service - general
0541	Ambulance service - supplies
0542	Ambulance service - medical transport
0543	Ambulance service - heart mobile
0544	Ambulance service - oxygen
0545	Ambulance service - air ambulance
0546	Ambulance service - neonatal
0547	Ambulance service - pharmacy
0548	Ambulance service - telephone transmission EKG
0549	Ambulance service - other
0550	Skilled nursing - general
0551	Skilled nursing - visit charge
0552	Skilled nursing - hourly charge
0559	Skilled nursing - other
0560	Medical social services - general
0561	Medical social services - visit charge
0562	Medical social services - hourly charge
0569	Medical social services - other
0570	Home health aide - general
0571	Home health aide - visit charge
0572	Home health aide - hourly charge
0579	Home health aide - other
0580	Other visits (home health) - general
0581	Other visits (home health) - visit charge
0582	Other visits (home health) - hourly charge
0583	Other visits (home health) - assessment
0589	Other visits (home health) - other
0590	Units of service (home health) - general
0600	Oxygen (home health) - general
0601	Oxygen (home health) - stat/equip/supply or contents
0602	Oxygen (home health) - stat/equip/supply under 1 liter per minute
0603	Oxygen (home health) - stat/equip/supply over 4 liters per minute
0604	Oxygen (home health) - portable add-in
0609	Oxygen (home health) - other
0610	Magnetic Resonance Technology (MRT) - MRI - general
0611	Magnetic Resonance Technology (MRT) - MRI - brain (including brain stem)
0612	Magnetic Resonance Technology (MRT) - MRI - spinal cord (including spine)
0614	Magnetic Resonance Technology (MRT) - MRI - other
0615	Magnetic Resonance Technology (MRT) - MRA – head and neck
0616	Magnetic Resonance Technology (MRT) - MRA – lower extremities
0618	Magnetic Resonance Technology (MRT) - MRA – other
0619	Magnetic Resonance Technology (MRT) - Other MRT
0621	Medical/surgical supplies - incident to radiology
0622	Medical/surgical supplies - incident to other diagnostic services
0623	Medical/surgical supplies - surgical dressings
0624	Medical/surgical supplies - FDA investigational devices
0631	Drugs requiring specific identification - single source
0632	Drugs requiring specific identification - multiple source
0633	Drugs requiring specific identification - restrictive prescription
0634	Drugs requiring specific identification - EPO, less than 10,000 units
0635	Drugs requiring specific identification - EPO, 10,000 or more units
0636	Drugs requiring specific identification - requiring detailed coding
0637	Drugs requiring specific identification - self-administrable
0640	Home IV therapy services - general
0641	Home IV therapy services – non-routine nursing, central line
0642	Home IV therapy services - IV site care, central line
0643	Home IV therapy services - IV start/change, peripheral line
0644	Home IV therapy services – non-routine nursing, peripheral line
0645	Home IV therapy services - training patient/caregiver, central line
0646	Home IV therapy services - training, disabled patient, central line
0647	Home IV therapy services - training, patient/caregiver, peripheral
0648	Home IV therapy services - training, disabled patient, peripheral
0649	Home IV therapy services - other
0650	Hospice services - general
0651	Hospice services - routine home care
0652	Hospice services - continuous home care
0655	Hospice services - inpatient respite care
0656	Hospice services - general inpatient care (non-respite)
0657	Hospice services - physician services

0658	Hospice services - room and board - nursing facility
0659	Hospice services - other
0660	Respite care - general
0661	Respite care - hourly charge/skilled nursing
0662	Respite care - hourly charge/aide/homemaker/companion
0663	Respite care - daily charge
0669	Respite care - other
0670	Outpatient special residence - general
0671	Outpatient special residence - hospital based
0672	Outpatient special residence - contracted
0679	Outpatient special residence - other
0681	Trauma response - level I
0682	Trauma response - level II
0683	Trauma response - level III
0684	Trauma response - level IV
0689	Trauma response - other
0690	Pre-hospice/Palliative Care Services - general
0691	Pre-hospice/Palliative Care Services – visit charge
0692	Pre-hospice/Palliative Care Services – hourly charge
0693	Pre-hospice/Palliative Care Services - evaluation
0694	Pre-hospice/Palliative Care Services – consultation and education
0695	Pre-hospice/Palliative Care Services – inpatient care
0696	Pre-hospice/Palliative Care Services – physician services
0699	Pre-hospice/Palliative Care Services - other
0700	Cast Room services - general
0710	Recovery Room services - general
0720	Labor/Delivery Room services - general
0721	Labor/Delivery Room services - labor
0722	Labor/Delivery Room services - delivery
0723	Labor/Delivery Room services - circumcision
0724	Labor/Delivery Room services - birthing center
0729	Labor/Delivery Room services - other
0730	EKG/ECG services - general
0731	EKG/ECG services - Holter monitor
0732	EKG/ECG services - telemetry
0739	EKG/ECG services - other
0740	EEG services - general
0750	Gastrointestinal services - general
0760	Treatment or observation room services - general
0761	Specialty Room - Treatment/ Observation Room - Treatment Room
0762	Specialty Room - Treatment/ Observation Room - Observation Room
0769	Treatment or observation room services - other
0770	Preventive care services - general
0771	Preventive care services - vaccine administration
0780	Telemedicine services - general
0790	Extra-corporeal shockwave therapy - general
0800	Inpatient renal dialysis services - general
0801	Inpatient renal dialysis services - hemodialysis
0802	Inpatient renal dialysis services - peritoneal (non-CAPD)
0803	Inpatient renal dialysis services - continuous ambulatory peritoneal dialysis (CAPD)
0804	Inpatient renal dialysis services - continuous cycling peritoneal dialysis (CAPD)
0809	Inpatient renal dialysis services - other
0810	Acquisition of body components- general
0811	Acquisition of body components - living donor
0812	Acquisition of body components - cadaver donor
0813	Acquisition of body components - unknown donor
0814	Acquisition of body components - unsuccessful organ search-donor bank charges
0815	Acquisition of body components – stem cells- allogeneic
0819	Acquisition of body components - other donor
0820	Hemodialysis - outpatient or home - general
0821	Hemodialysis - outpatient or home - composite or other rate
0822	Hemodialysis - outpatient or home – home supplies
0823	Hemodialysis - outpatient or home – home equipment
0824	Hemodialysis - outpatient or home – maintenance 100%
0825	Hemodialysis - outpatient or home - support services
0826	Hemodialysis - outpatient or home – shorter duration (effective 7/1/17)
0829	Hemodialysis - outpatient or home - other
0830	Peritoneal dialysis - outpatient or home - general
0831	Peritoneal dialysis - outpatient or home - composite or other rate
0832	Peritoneal dialysis - outpatient or home – home supplies
0833	Peritoneal dialysis - outpatient or home – home equipment
0834	Peritoneal dialysis - outpatient or home – maintenance 100%
0835	Peritoneal dialysis - outpatient or home - support services
0839	Peritoneal dialysis - outpatient or home - other
0840	CAPD - outpatient or home - general
0841	CAPD - outpatient or home - composite or other rate
0842	CAPD - outpatient or home – home supplies
0843	CAPD - outpatient or home – home equipment
0844	CAPD - outpatient or home – maintenance 100%
0845	CAPD - outpatient or home - support services
0849	CAPD - outpatient or home - other
0850	CCPD - outpatient or home - general
0851	CCPD - outpatient or home - composite or other rate
0852	CCPD - outpatient or home - home supplies
0853	CCPD - outpatient or home - home equipment
0854	CCPD - outpatient or home - maintenance 100%
0855	CCPD - outpatient or home - support services
0859	CCPD - outpatient or home - other
0860	Magnetoencephalography (MEG) - General

0861	Magnetoencephalography (MEG) - MEG
0880	Miscellaneous dialysis - general
0881	Miscellaneous dialysis - ultrafiltration
0882	Miscellaneous dialysis - home aide visit
0889	Miscellaneous dialysis - other
0900	Behavior health treatments/services - general
0901	Behavior health treatments/services - electroshock
0902	Behavior health treatments/services - milieu therapy
0903	Behavioral health treatments/services - play therapy
0904	Behavior health treatments/services - activity therapy
0905	Behavior health treatments/services - intensive outpatient services - psychiatric
0906	Behavior health treatments/services - intensive outpatient services - chemical dependency
0907	Behavior health treatments/services - community behavioral health program
0911	Behavior health treatment/services - rehabilitation
0912	Behavior health treatment/services - partial hospitalization - less intensive
0913	Behavior health treatment/services - partial hospitalization - intensive
0914	Behavior health treatment/services - individual therapy
0915	Behavior health treatment/services - group therapy
0916	Behavior health treatment/services - family therapy
0917	Behavior health treatment/services - biofeedback
0918	Behavior health treatment/services - testing
0919	Behavior health treatment/services - other
0920	Other diagnostic services - general
0921	Other diagnostic services - peripheral vascular lab
0922	Other diagnostic services - electromyogram
0923	Other diagnostic services - pap smear
0924	Other diagnostic services - allergy test
0925	Other diagnostic services - pregnancy test
0929	Other diagnostic services - other
0931	Medical rehabilitation day program - half day
0932	Medical rehabilitation day program - full day
0940	Other therapeutic services - general
0941	Other therapeutic services - recreational therapy
0942	Other therapeutic services - education/training
0943	Other therapeutic services - cardiac rehabilitation
0944	Other therapeutic services - drug rehabilitation
0945	Other therapeutic services - alcohol rehabilitation
0946	Other therapeutic services - complex medical equipment - routine
0947	Other therapeutic services - complex medical equipment - ancillary
0948	Other therapeutic services – pulmonary rehabilitation
0949	Other therapeutic services - other
0951	Other therapeutic services – athletic training
0952	Other therapeutic services - kinesiotherapy
0953	Other therapeutic services – chemical dependency (drug and alcohol)
0960	Professional fees - general
0961	Professional fees - psychiatric
0962	Professional fees - ophthalmology
0963	Professional fees - anesthesiologist (MD)
0964	Professional fees - anesthetist (CRNA)
0969	Professional fees - other
0971	Professional fees - laboratory
0972	Professional fees - radiology - diagnostic
0973	Professional fees - radiology - therapeutic
0974	Professional fees - radiology - nuclear medicine
0975	Professional fees - operating room
0976	Professional fees - respiratory therapy
0977	Professional fees - physical therapy
0978	Professional fees - occupational therapy
0979	Professional fees - speech therapy
0981	Professional fees - emergency room
0982	Professional fees - outpatient services
0983	Professional fees - clinic
0984	Professional fees - medical social services
0985	Professional fees - EKG
0986	Professional fees - EEG
0987	Professional fees - hospital visit
0988	Professional fees - consultation
0989	Professional fees - private duty nurse
0990	Patient convenience items - general
0991	Patient convenience items - cafeteria/guest tray
0992	Patient convenience items - private linen service
0993	Patient convenience items - telephone/telegraph
0994	Patient convenience items - TV/radio
0995	Patient convenience items - nonpatient room rentals
0996	Patient convenience items - late discharge charge
0997	Patient convenience items - admission kits
0998	Patient convenience items - beauty shop/barber
0999	Patient convenience items - other
1000	Behavior health accommodations - general
1001	Behavior health accommodations - residential treatment - psychiatric
1002	Behavior health accommodations - residential treatment - chemical dependency
1003	Behavior health accommodations - supervised living
1004	Behavior health accommodations - halfway house
1005	Behavior health accommodations - group home

2100	Alternative therapy services - general	2105	Alternative therapy services - biofeedback	3103	Adult day care, medical and social - daily
2101	Alternative therapy services - acupuncture	2106	Alternative therapy services - hypnosis	3104	Adult day care, social - daily
2102	Alternative therapy services - acupressure	2109	Alternative therapy services - other	3105	Adult foster care - daily
2103	Alternative therapy services - massage	3101	Adult day care, medical and social - hourly	3109	Adult foster care - other
2104	Alternative therapy services - reflexology	3102	Adult day care, social - hourly		

Beginning Position: 13 **Data Source:** Claim
Length: 4 **Type:** Alphanumeric

Field 3: **HCPCS_QUALIFIER**
Description: Code identifying the type/source of the descriptive number used in HCPCS_PROCEDURE_CODE.
Beginning Position: 17 **Data Source:** Claim
Length: 2 **Type:** Alphanumeric

Field 4 **HCPCS_PROCEDURE_CODE**
Description: HCFA Common Procedure Coding System (HCPCS) code applicable to ancillary services or accommodations.
Coding Scheme: See *http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp* for complete list of Level II HCPCS codes.
Beginning Position: 19 **Data Source:** Claim
Length: 5 **Type:** Alphanumeric

Field 5: **MODIFIER_1**
Description: Identifies special circumstances related to the performance of the service
Coding Scheme:

22	Increased procedural services
23	Unusual Anesthesia
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
26	Professional Component
27	Multiple Outpatient Hospital E/M Encounters on the Same Date
32	Mandated Services
33	Preventive Service
47	Anesthesia by Surgeon
50	Bilateral Procedure
51	Multiple Procedures
52	Reduced Services
53	Discontinued Procedure
54	Surgical Care Only
55	Postoperative Management Only
56	Preoperative Management Only
57	Decision for Surgery
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
59	Distinct Procedural Service
62	Two Surgeons
63	Procedure Performed on Infants less than 4kg
66	Surgical Team
73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the Administration of Anesthesia
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after Administration of Anesthesia
76	Repeat Procedure by Same Physician or Other Qualified Health Care Professional
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Repeat procedure by same physician
90	Reference (Outside) Laboratory
91	Repeat Clinical Diagnostic Laboratory Test
92	Alternative Laboratory Platform Testing
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
99	Multiple Modifiers
1P	Performance Measure Exclusion Modifier due to Medical Reasons
2P	Performance Measure Exclusion Modifier due to Patient Reasons
3P	Performance Measure Exclusion Modifier due to System Reasons
8P	Performance Measure Reporting Modifier- Action not performed, reason not otherwise specified
P1	A normal healthy patient
P2	A patient with mild systemic disease
P3	A patient with severe systemic disease
P4	A patient with severe systemic disease that is a constant threat to life

P5	A moribund patient who is not expected to survive without the operation
P6	A declared brain-dead patient whose organs are being removed for donor purposes
E1	Upper left eyelid
E2	Lower left eyelid
E3	Upper right eyelid
E4	Lower right eyelid
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
GG	Performance and payment of a screening mammography and diagnostic mammography on same patient, same day.
GH	Diagnostic mammogram converted from screening mammogram on same day
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LM	Left main coronary artery
LT	Left side of the body procedure
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services
RC	Right coronary artery
RI	Ramus intermedius coronary artery
RT	Right side of the body procedure
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
XE	Separate Encounter
XS	Separate Structure
XP	Separate Practitioner
XU	Unusual Non-Overlapping Service

Beginning Position:	24	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 6: **MODIFIER_2**

Description: Identifies special circumstances related to the performance of the service.

Coding Scheme: Same as Field MODIFIER_1

Beginning Position:	26	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 7: **MODIFIER_3**

Description: Identifies special circumstances related to the performance of the service.

Coding Scheme: Same as Field MODIFIER_1

Beginning Position:	28	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 8: **MODIFIER_4**

Description: Identifies special circumstances related to the performance of the service.

Coding Scheme: Same as Field MODIFIER_1

Beginning Position:	30	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 9: **UNIT_MEASUREMENT_CODE**

Description: Code specifying the units in which a value is being expressed.

Coding Scheme:

DA	Days
F2	International unit
UN	Unit

Beginning Position:	32	**Data Source:**	Claim
Length:	2	**Type:**	Alphanumeric

Field 10: **UNITS_OF_SERVICE**

Description: Numeric value of quantity

Beginning Position:	34	**Data Source:**	Claim
Length:	7	**Type:**	Numeric

Field 11: **UNIT_RATE**

Description: Rate per unit

Beginning Position:	41	**Data Source:**	Claim
Length:	12	**Type:**	Numeric

Field 12: **CHRGS_LINE_ITEM**

Description: Total amount of the charge

Beginning Position:	53	**Data Source:**	Assigned
Length:	14	**Type:**	Numeric

Field 13: **CHRGS_NON_COV**

Description: Total non-covered amount of the charge

Beginning Position:	67	**Data Source:**	Assigned

Length:	14	**Type:**	Numeric
Field 14:	**FINAL_EAPG_CATEGORY_CODE** Enhanced Ambulatory Patient Group (EAPG) category code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.		
Beginning Position:	81	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 15:	**FINAL_EAPG_TYPE_CODE** Enhanced Ambulatory Patient Group (EAPG) type code, as assigned by 3M™ EAPG Grouper. Not available 4Q09.		
Beginning Position:	83	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 16:	**FINAL_EAPG** Final Enhanced Ambulatory Patient Group (EAPG), as assigned by 3M™ EAPG Grouper. Not available 4Q09.		
Beginning Position:	85	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 17:	**APC_PROCEDURE_CODE** Ambulatory Payment Classification (APC) procedure code as assigned by 3M™ APC Grouper. Not available 4Q09.		
Beginning Position:	90	**Data Source:**	Assigned
Length:	5	**Type:**	Alphanumeric
Field 18:	**APC_PX_STATUS_IND_CODE** Ambulatory Payment Classification (APC) procedure status indicator as assigned by 3M™ APC Grouper. Not available 4Q09.		
Beginning Position:	95	**Data Source:**	Assigned
Length:	2	**Type:**	Alphanumeric
Field 19:	**APC_WEIGHT** Ambulatory Payment Classification (APC) weighting as assigned by 3M™ APC Grouper. Not available 4Q09.		
Beginning Position:	97	**Data Source:**	Assigned
Length:	9	**Type:**	Alphanumeric

FACILITY TYPE INDICATOR FILE

Facility type indicators provided by the facilities. Provides the data user with information on the type of facility providing the service.

Field 1:	**THCIC_ID**		
Description:	Provider ID. Unique identifier assigned to the provider by DSHS. The THCIC_ID is consistent throughout each quarter of data and generally throughout a full year. A THCIC_ID may change Provider_Name during the middle of a year. This will be noted in such cases in which we are aware of those mid-year name changes.		
Beginning Position:	1	**Data Source:**	Assigned
Length:	6	**Type:**	Alphanumeric
Field 2:	**PROVIDER_NAME**		
Description:	Hospital name provided by the hospital.		
Beginning Position:	7	**Data Source:**	Provider
Length:	55	**Type:**	Alphanumeric
Field 3:	**FAC_TEACHING_IND**		
Description:	Teaching Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Coding Scheme:	A Member, Council of Teaching Hospitals X Other teaching facility		
Beginning Position:	62	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 4:	**FAC_PSYCH_IND**		
Description:	Psychiatric Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	63	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 5:	**FAC_REHAB_IND**		
Description:	Rehabilitation Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	64	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 6:	**FAC_ACUTE_CARE_IND**		
Description:	Acute Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	65	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 7:	**FAC_SNF_IND**		
Description:	Skilled Nursing Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	66	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 8:	**FAC_LONG_TERM_AC_IND**		
Description:	Long Term Acute Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	67	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 9:	**FAC_OTHER_LTC_IND**		
Description:	Other Long Term Care Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Beginning Position:	68	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 10:	**FAC_PEDS_IND**		
Description:	Pediatric Facility Indicator.		
Suppression:	Suppressed for hospitals with fewer than 50 discharges (Provider ID equals '999999').		
Coding Scheme:	C Member, National Association of Children's Hospitals and Related Institutions (NACHRI) X Facilities that also treat children		
Beginning Position:	69	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric

Field 11:	**FAC_CARDIOVASCULAR_IND**		
Description:	Cardiovascular facility indicator.		
Beginning Position:	70	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 12:	**FAC_CHIROPRACTIC_IND**		
Description:	Chiropractic care facility indicator.		
Beginning Position:	71	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 13:	**FAC_ENDOSCOPY_IND**		
Description:	Endoscopy facility indicator.		
Beginning Position:	72	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 14:	**FAC_FOOT_IND**		
Description:	Foot care facility indicator.		
Beginning Position:	73	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 15:	**FAC_GASTROENTEROLOGY_IND**		
Description:	Gastroenterology facility indicator.		
Beginning Position:	74	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 16:	**FAC_GENERAL_IND**		
Description:	General care facility indicator.		
Beginning Position:	75	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 17:	**FAC_NEUROLOGICAL_IND**		
Description:	Neurological care facility indicator.		
Beginning Position:	76	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 18:	**FAC_OB_GYN_IND**		
Description:	Obstetric and gynecology facility indicator.		
Beginning Position:	77	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 19:	**FAC_OPTHAMOLOGY_IND**		
Description:	Ophthalmology facility indicator.		
Beginning Position:	78	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 20:	**FAC_ORAL_IND**		
Description:	Oral health care facility indicator.		
Beginning Position:	79	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 21:	**FAC_ORTHOPEDIC_IND**		
Description:	Orthopedic care facility indicator.		
Beginning Position:	80	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 22:	**FAC_OTOLARYNGOLOGY_IND**		
Description:	Otolaryngology facility indicator.		
Beginning Position:	81	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 23:	**FAC_ PAIN_MNGMT _IND**		
Description:	Pain management facility indicator.		
Beginning Position:	82	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 24:	**FAC_PLASTIC_IND**		
Description:	Plastic surgery facility indicator.		
Beginning Position:	83	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 25:	**FAC_THORACIC_IND**		
Description:	Thoracic care facility indicator.		
Beginning Position:	84	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric

Field 26:	**FAC_UROLOGY_IND**		
Description:	Urology care facility indicator.		
Beginning Position:	85	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 27:	**FAC_OTHER_IND**		
Description:	Other facility indicator.		
Beginning Position:	86	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 28:	**FAC_EMERGENCY_DEPARTMENT_IND**		
Description:	Facility indicator for Hospitals and FEMCFs, including Hospital-owned FEMCFs, starting with the 4th Quarter 2020 Facility Type Data File. Note: The FEMCFs names are available at https://dshs.texas.gov/thcic/ (downloadable Excel sheet named Current Facility Contact), under "Facility Reporting Requirement". The provider names and THCIC IDs in the Excel sheet are more current than the ones in the provider file dataset. For the first quarterly implementation, 4th Quarter 2020, the facility indicator has incomplete data due to implementation timing.		
Beginning Position:	87	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 29:	**FAC_ONCOLOGY_IND**		
Description:	Oncology facility indicator.		
Beginning Position:	33	**Data Source:**	Provider
Length:	1	**Type:**	Alphanumeric
Field 30:	**POA_PROVIDER_INDICATOR**		
Description:	Indicator identifying whether facility is required to submit Diagnosis Present on Admission (POA) codes. 25 TAC, Section 421.9(e) identifies the following facility types as exempt from reporting POA to the department: Critical Access Hospitals, Inpatient Rehabilitation Hospitals, Inpatient Psychiatric Hospitals, Cancer Hospitals, Children's or Pediatric Hospitals and Long-Term Care Hospitals.		
Coding Scheme:	M Mixed (Facility has sections that would be exempted from reporting POA for those patients) R Required X Exempt ` Invalid		
Beginning Position:	87	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 31:	**CERT_STATUS_IP**		
Description:	Assignment of a code to indicate the certification of data (inpatient) and submission of comments by the hospital.		
Coding Scheme:	1 Certified, without comment 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Hospital elected not to certify 5 Hospital closed, data not certified 6 Hospital out of compliance, did not certify data 7 Data not certified. Facility affected by natural or man-made disaster (4Q2016) 8 No Emergency Department data submitted		
Beginning Position:	88	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric
Field 32:	**CERT_STATUS_OP**		
Description:	Assignment of a code to indicate the certification of data (outpatient) and submission of comments by the hospital.		
Coding Scheme:	1 Certified, without comment 2 Certified, with comment 3 Certified, with comment, comment not received by deadline 4 Hospital elected not to certify 5 Hospital closed, data not certified 6 Hospital out of compliance, did not certify data		

	7	Data not certified. Facility affected by natural or man-made disaster (4Q2016)	
	8	No Emergency Department data submitted	
Beginning Position:	89	**Data Source:**	Assigned
Length:	1	**Type:**	Alphanumeric

Texas Hospital Emergency Department Data Set

DATA FILE LAYOUTS

Inpatient Base Data #1 File

Number	FIELD NAME *(IP Base Data #1 File)*	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	DISCHARGE	13	6	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	TYPE_OF_ADMISSION	25	1	Alphanumeric
5	SOURCE_OF_ADMISSION	26	1	Alphanumeric
6	SPEC_UNIT_1	27	1	Alphanumeric
7	SPEC_UNIT_2	28	1	Alphanumeric
8	SPEC_UNIT_3	29	1	Alphanumeric
9	SPEC_UNIT_4	30	1	Alphanumeric
10	SPEC_UNIT_5	31	1	Alphanumeric
11	PAT_STATE	32	2	Alphanumeric
12	PAT_ZIP	34	5	Alphanumeric
13	PAT_COUNTRY	39	2	Alphanumeric
14	PAT_COUNTY	41	3	Alphanumeric
15	PUBLIC_HEALTH_REGION	44	2	Alphanumeric
16	PAT_STATUS	46	2	Alphanumeric
17	SEX_CODE	48	1	Alphanumeric
18	RACE	49	1	Alphanumeric
19	ETHNICITY	50	1	Alphanumeric
20	ADMIT_WEEKDAY	51	1	Alphanumeric
21	LENGTH_OF_STAY	52	4	Alphanumeric
22	PAT_AGE	56	2	Alphanumeric
23	FIRST_PAYMENT_SRC	58	2	Alphanumeric
24	SECONDARY_PAYMENT_SRC	60	2	Alphanumeric
25	TYPE_OF_BILL	62	3	Alphanumeric
26	TOTAL_CHARGES	65	12	Numeric

Number	FIELD NAME *(IP Base Data #1 File)*	Position	Length	Field Type
27	TOTAL_NON_COV_CHARGES	77	12	Numeric
28	TOTAL_CHARGES_ACCOMM	89	12	Numeric
29	TOTAL_NON_COV_CHARGES_ACCOMM	101	12	Numeric
30	TOTAL_CHARGES_ANCIL	113	12	Numeric
31	TOTAL_NON_COV_CHARGES_ANCIL	125	12	Numeric
32	ADMITTING_DIAGNOSIS	137	7	Alphanumeric
33	PRINC_DIAG_CODE	144	7	Alphanumeric
34	POA_PRINC_DIAG_CODE	151	1	Alphanumeric
35	OTH_DIAG_CODE_1	152	7	Alphanumeric
36	POA_OTH_DIAG_CODE_1	159	1	Alphanumeric
37	OTH_DIAG_CODE_2	160	7	Alphanumeric
38	POA_OTH_DIAG_CODE_2	167	1	Alphanumeric
39	OTH_DIAG_CODE_3	168	7	Alphanumeric
40	POA_OTH_DIAG_CODE_3	175	1	Alphanumeric
41	OTH_DIAG_CODE_4	176	7	Alphanumeric
42	POA_OTH_DIAG_CODE_4	183	1	Alphanumeric
43	OTH_DIAG_CODE_5	184	7	Alphanumeric
44	POA_OTH_DIAG_CODE_5	191	1	Alphanumeric
45	OTH_DIAG_CODE_6	192	7	Alphanumeric
46	POA_OTH_DIAG_CODE_6	199	1	Alphanumeric
47	OTH_DIAG_CODE_7	200	7	Alphanumeric
48	POA_OTH_DIAG_CODE_7	207	1	Alphanumeric
49	OTH_DIAG_CODE_8	208	7	Alphanumeric
50	POA_OTH_DIAG_CODE_8	215	1	Alphanumeric
51	OTH_DIAG_CODE_9	216	7	Alphanumeric
52	POA_OTH_DIAG_CODE_9	223	1	Alphanumeric
53	OTH_DIAG_CODE_10	224	7	Alphanumeric
54	POA_OTH_DIAG_CODE_10	231	1	Alphanumeric
55	OTH_DIAG_CODE_11	232	7	Alphanumeric
56	POA_OTH_DIAG_CODE_11	239	1	Alphanumeric
57	OTH_DIAG_CODE_12	240	7	Alphanumeric
58	POA_OTH_DIAG_CODE_12	247	1	Alphanumeric
59	OTH_DIAG_CODE_13	248	7	Alphanumeric
60	POA_OTH_DIAG_CODE_13	255	1	Alphanumeric
61	OTH_DIAG_CODE_14	256	7	Alphanumeric
62	POA_OTH_DIAG_CODE_14	263	1	Alphanumeric
63	OTH_DIAG_CODE_15	264	7	Alphanumeric
64	POA_OTH_DIAG_CODE_15	271	1	Alphanumeric
65	OTH_DIAG_CODE_16	272	7	Alphanumeric
66	POA_OTH_DIAG_CODE_16	279	1	Alphanumeric

Number	FIELD NAME *(IP Base Data #1 File)*	Position	Length	Field Type
67	OTH_DIAG_CODE_17	280	7	Alphanumeric
68	POA_OTH_DIAG_CODE_17	287	1	Alphanumeric
69	OTH_DIAG_CODE_18	288	7	Alphanumeric
70	POA_OTH_DIAG_CODE_18	295	1	Alphanumeric
71	OTH_DIAG_CODE_19	296	7	Alphanumeric
72	POA_OTH_DIAG_CODE_19	303	1	Alphanumeric
73	OTH_DIAG_CODE_20	304	7	Alphanumeric
74	POA_OTH_DIAG_CODE_20	311	1	Alphanumeric
75	OTH_DIAG_CODE_21	312	7	Alphanumeric
76	POA_OTH_DIAG_CODE_21	319	1	Alphanumeric
77	OTH_DIAG_CODE_22	320	7	Alphanumeric
78	POA_OTH_DIAG_CODE_22	327	1	Alphanumeric
79	OTH_DIAG_CODE_23	328	7	Alphanumeric
80	POA_OTH_DIAG_CODE_23	335	1	Alphanumeric
81	OTH_DIAG_CODE_24	336	7	Alphanumeric
82	POA_OTH_DIAG_CODE_24	343	1	Alphanumeric
83	E_CODE_1	344	7	Alphanumeric
84	POA_E_CODE_1	351	1	Alphanumeric
85	E_CODE_2	352	7	Alphanumeric
86	POA_E_CODE_2	359	1	Alphanumeric
87	E_CODE_3	360	7	Alphanumeric
88	POA_E_CODE_3	367	1	Alphanumeric
89	E_CODE_4	368	7	Alphanumeric
90	POA_E_CODE_4	375	1	Alphanumeric
91	E_CODE_5	376	7	Alphanumeric
92	POA_E_CODE_5	383	1	Alphanumeric
93	E_CODE_6	384	7	Alphanumeric
94	POA_E_CODE_6	391	1	Alphanumeric
95	E_CODE_7	392	7	Alphanumeric
96	POA_E_CODE_7	399	1	Alphanumeric
97	E_CODE_8	400	7	Alphanumeric
98	POA_E_CODE_8	407	1	Alphanumeric
99	E_CODE_9	408	7	Alphanumeric
100	POA_E_CODE_9	415	1	Alphanumeric
101	E_CODE_10	416	7	Alphanumeric
102	POA_E_CODE_10	423	1	Alphanumeric
103	PRINC_SURG_PROC_CODE	424	7	Alphanumeric
104	PRINC_SURG_PROC_DAY	431	4	Alphanumeric
105	OTH_SURG_PROC_CODE_1	435	7	Alphanumeric
106	OTH_SURG_PROC_DAY_1	442	4	Alphanumeric

Number	FIELD NAME *(IP Base Data #1 File)*	Position	Length	Field Type
107	OTH_SURG_PROC_CODE_2	446	7	Alphanumeric
108	OTH_SURG_PROC_DAY_2	453	4	Alphanumeric
109	OTH_SURG_PROC_CODE_3	457	7	Alphanumeric
110	OTH_SURG_PROC_DAY_3	464	4	Alphanumeric
111	OTH_SURG_PROC_CODE_4	468	7	Alphanumeric
112	OTH_SURG_PROC_DAY_4	475	4	Alphanumeric
113	OTH_SURG_PROC_CODE_5	479	7	Alphanumeric
114	OTH_SURG_PROC_DAY_5	486	4	Alphanumeric
115	OTH_SURG_PROC_CODE_6	490	7	Alphanumeric
116	OTH_SURG_PROC_DAY_6	497	4	Alphanumeric
117	OTH_SURG_PROC_CODE_7	501	7	Alphanumeric
118	OTH_SURG_PROC_DAY_7	508	4	Alphanumeric
119	OTH_SURG_PROC_CODE_8	512	7	Alphanumeric
120	OTH_SURG_PROC_DAY_8	519	4	Alphanumeric
121	OTH_SURG_PROC_CODE_9	523	7	Alphanumeric
122	OTH_SURG_PROC_DAY_9	530	4	Alphanumeric
123	OTH_SURG_PROC_CODE_10	534	7	Alphanumeric
124	OTH_SURG_PROC_DAY_10	541	4	Alphanumeric
125	OTH_SURG_PROC_CODE_11	545	7	Alphanumeric
126	OTH_SURG_PROC_DAY_11	552	4	Alphanumeric
127	OTH_SURG_PROC_CODE_12	556	7	Alphanumeric
128	OTH_SURG_PROC_DAY_12	563	4	Alphanumeric
129	OTH_SURG_PROC_CODE_13	567	7	Alphanumeric
130	OTH_SURG_PROC_DAY_13	574	4	Alphanumeric
131	OTH_SURG_PROC_CODE_14	578	7	Alphanumeric
132	OTH_SURG_PROC_DAY_14	585	4	Alphanumeric
133	OTH_SURG_PROC_CODE_15	589	7	Alphanumeric
134	OTH_SURG_PROC_DAY_15	596	4	Alphanumeric
135	OTH_SURG_PROC_CODE_16	600	7	Alphanumeric
136	OTH_SURG_PROC_DAY_16	607	4	Alphanumeric
137	OTH_SURG_PROC_CODE_17	611	7	Alphanumeric
138	OTH_SURG_PROC_DAY_17	618	4	Alphanumeric
139	OTH_SURG_PROC_CODE_18	622	7	Alphanumeric
140	OTH_SURG_PROC_DAY_18	629	4	Alphanumeric
141	OTH_SURG_PROC_CODE_19	633	7	Alphanumeric
142	OTH_SURG_PROC_DAY_19	640	4	Alphanumeric
143	OTH_SURG_PROC_CODE_20	644	7	Alphanumeric
144	OTH_SURG_PROC_DAY_20	651	4	Alphanumeric
145	OTH_SURG_PROC_CODE_21	655	7	Alphanumeric
146	OTH_SURG_PROC_DAY_21	662	4	Alphanumeric

Number	FIELD NAME *(IP Base Data #1 File)*	Position	Length	Field Type
147	OTH_SURG_PROC_CODE_22	666	7	Alphanumeric
148	OTH_SURG_PROC_DAY_22	673	4	Alphanumeric
149	OTH_SURG_PROC_CODE_23	677	7	Alphanumeric
150	OTH_SURG_PROC_DAY_23	684	4	Alphanumeric
151	OTH_SURG_PROC_CODE_24	688	7	Alphanumeric
152	OTH_SURG_PROC_DAY_24	695	4	Alphanumeric
153	MS_MDC	699	2	Alphanumeric
154	MS_DRG	701	3	Alphanumeric
155	MS_GROUPER_VERSION_NBR	704	5	Alphanumeric
156	MS_GROUPER_ERROR_CODE	709	2	Alphanumeric
157	APR_MDC	711	2	Alphanumeric
158	APR_DRG	713	4	Alphanumeric
159	RISK_MORTALITY	717	1	Alphanumeric
160	ILLNESS_SEVERITY	718	1	Alphanumeric
161	APR_GROUPER_VERSION_NBR	719	5	Alphanumeric
162	APR_GROUPER_ERROR_CODE	724	2	Alphanumeric
163	ATTENDING_PHYSICIAN_UNIF_ID	726	10	Alphanumeric
164	OPERATING_PHYSICIAN_UNIF_ID	736	10	Alphanumeric
165	ENCOUNTER_INDICATOR	746	2	Alphanumeric
166	PROVIDER_NAME	748	55	Alphanumeric
	Record_Length		**802**	

Inpatient Base Data #2 File

Number	Field Name *(IP Base Data #2 File)*	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	PRIVATE_AMOUNT	13	12	Numeric
3	SEMI_PRIVATE_AMOUNT	25	12	Numeric
4	WARD_AMOUNT	37	12	Numeric
5	ICU_AMOUNT	49	12	Numeric
6	CCU_AMOUNT	61	12	Numeric
7	OTHER_AMOUNT	73	12	Numeric
8	PHARM_AMOUNT	85	12	Numeric
9	MEDSURG_AMOUNT	97	12	Numeric
10	DME_AMOUNT	109	12	Numeric
11	USED_DME_AMOUNT	121	12	Numeric
12	PT_AMOUNT	133	12	Numeric
13	OT_AMOUNT	145	12	Numeric

Number	Field Name *(IP Base Data #2 File)*	Position	Length	Field Type
14	SPEECH_AMOUNT	157	12	Numeric
15	IT_AMOUNT	169	12	Numeric
16	BLOOD_AMOUNT	181	12	Numeric
17	BLOOD_ADM_AMOUNT	193	12	Numeric
18	OR_AMOUNT	205	12	Numeric
19	LITH_AMOUNT	217	12	Numeric
20	CARD_AMOUNT	229	12	Numeric
21	ANES_AMOUNT	241	12	Numeric
22	LAB_AMOUNT	253	12	Numeric
23	RAD_AMOUNT	265	12	Numeric
24	MRI_AMOUNT	277	12	Numeric
25	OP_AMOUNT	289	12	Numeric
26	ER_AMOUNT	301	12	Numeric
27	AMBULANCE_AMOUNT	313	12	Numeric
28	PRO_FEE_AMOUNT	325	12	Numeric
29	ORGAN_AMOUNT	337	12	Numeric
30	ESRD_AMOUNT	349	12	Numeric
31	CLINIC_AMOUNT	361	12	Numeric
32	OCCUR_CODE_1	373	2	Alphanumeric
33	OCCUR_DAY_1	375	4	Alphanumeric
34	OCCUR_CODE_2	379	2	Alphanumeric
35	OCCUR_DAY_2	381	4	Alphanumeric
36	OCCUR_CODE_3	385	2	Alphanumeric
37	OCCUR_DAY_3	387	4	Alphanumeric
38	OCCUR_CODE_4	391	2	Alphanumeric
39	OCCUR_DAY_4	393	4	Alphanumeric
40	OCCUR_CODE_5	397	2	Alphanumeric
41	OCCUR_DAY_5	399	4	Alphanumeric
42	OCCUR_CODE_6	403	2	Alphanumeric
43	OCCUR_DAY_6	405	4	Alphanumeric
44	OCCUR_CODE_7	409	2	Alphanumeric
45	OCCUR_DAY_7	411	4	Alphanumeric
46	OCCUR_CODE_8	415	2	Alphanumeric
47	OCCUR_DAY_8	417	4	Alphanumeric
48	OCCUR_CODE_9	421	2	Alphanumeric
49	OCCUR_DAY_9	423	4	Alphanumeric
50	OCCUR_CODE_10	427	2	Alphanumeric
51	OCCUR_DAY_10	429	4	Alphanumeric
52	OCCUR_CODE_11	433	2	Alphanumeric
53	OCCUR_DAY_11	435	4	Alphanumeric

Number	Field Name *(IP Base Data #2 File)*	Position	Length	Field Type
54	OCCUR_CODE_12	439	2	Alphanumeric
55	OCCUR_DAY_12	441	4	Alphanumeric
56	OCCUR_SPAN_CODE_1	445	2	Alphanumeric
57	OCCUR_SPAN_FROM_1	447	6	Alphanumeric
58	OCCUR_SPAN_THRU_1	453	6	Alphanumeric
59	OCCUR_SPAN_CODE_2	459	2	Alphanumeric
60	OCCUR_SPAN_FROM_2	461	6	Alphanumeric
61	OCCUR_SPAN_THRU_2	467	6	Alphanumeric
62	OCCUR_SPAN_CODE_3	473	2	Alphanumeric
63	OCCUR_SPAN_FROM_3	475	6	Alphanumeric
64	OCCUR_SPAN_THRU_3	481	6	Alphanumeric
65	OCCUR_SPAN_CODE_4	487	2	Alphanumeric
66	OCCUR_SPAN_FROM_4	489	6	Alphanumeric
67	OCCUR_SPAN_THRU_4	495	6	Alphanumeric
68	CONDITION_CODE_1	501	2	Alphanumeric
69	CONDITION_CODE_2	503	2	Alphanumeric
70	CONDITION_CODE_3	505	2	Alphanumeric
71	CONDITION_CODE_4	507	2	Alphanumeric
72	CONDITION_CODE_5	509	2	Alphanumeric
73	CONDITION_CODE_6	511	2	Alphanumeric
74	CONDITION_CODE_7	513	2	Alphanumeric
75	CONDITION_CODE_8	515	2	Alphanumeric
76	VALUE_CODE_1	517	2	Alphanumeric
77	VALUE_AMOUNT_1	519	9	Numeric
78	VALUE_CODE_2	528	2	Alphanumeric
79	VALUE_AMOUNT_2	530	9	Numeric
80	VALUE_CODE_3	539	2	Alphanumeric
81	VALUE_AMOUNT_3	541	9	Numeric
82	VALUE_CODE_4	550	2	Alphanumeric
83	VALUE_AMOUNT_4	552	9	Numeric
84	VALUE_CODE_5	561	2	Alphanumeric
85	VALUE_AMOUNT_5	563	9	Numeric
86	VALUE_CODE_6	572	2	Alphanumeric
87	VALUE_AMOUNT_6	574	9	Numeric
88	VALUE_CODE_7	583	2	Alphanumeric
89	VALUE_AMOUNT_7	585	9	Numeric
90	VALUE_CODE_8	594	2	Alphanumeric
91	VALUE_AMOUNT_8	596	9	Numeric
92	VALUE_CODE_9	605	2	Alphanumeric
93	VALUE_AMOUNT_9	607	9	Numeric

Number	Field Name *(IP Base Data #2 File)*	Position	Length	Field Type
94	VALUE_CODE_10	616	2	Alphanumeric
95	VALUE_AMOUNT_10	618	9	Numeric
96	VALUE_CODE_11	627	2	Alphanumeric
97	VALUE_AMOUNT_11	629	9	Numeric
98	VALUE_CODE_12	638	2	Alphanumeric
99	VALUE_AMOUNT_12	640	9	Numeric
	Record_Length		**648**	

Inpatient Charges Data File

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Outpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
	Record_Length		**80**	

Outpatient Base Data File

Number	Field Name *(OP Base Data File)*	Position	Length	Field Type
1	SERVICE_QUARTER	1	6	Alphanumeric
2	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	7	12	Alphanumeric
3	THCIC_ID	19	6	Alphanumeric
4	SPEC_UNIT_1	25	1	Alphanumeric
5	SPEC_UNIT_2	26	1	Alphanumeric
6	SPEC_UNIT_3	27	1	Alphanumeric
7	SPEC_UNIT_4	28	1	Alphanumeric

Number	Field Name *(OP Base Data File)*	Position	Length	Field Type
8	SPEC_UNIT_5	29	1	Alphanumeric
9	SEX_CODE	30	1	Alphanumeric
10	PAT_COUNTY	31	3	Alphanumeric
11	PAT_STATE	34	2	Alphanumeric
12	PAT_ZIP	36	5	Alphanumeric
13	PAT_COUNTRY	41	2	Alphanumeric
14	PUBLIC_HEALTH_REGION	43	2	Alphanumeric
15	LENGTH_OF_SERVICE	45	2	Alphanumeric
16	PAT_AGE	47	2	Alphanumeric
17	RACE	49	1	Alphanumeric
18	ETHNICITY	50	1	Alphanumeric
19	FIRST_PAYMENT_SRC	51	2	Alphanumeric
20	SECONDARY_PAYMENT_SRC	53	2	Alphanumeric
21	TYPE_OF_BILL	55	3	Alphanumeric
22	CONDITION_CODE_1	58	2	Alphanumeric
23	CONDITION_CODE_2	60	2	Alphanumeric
24	CONDITION_CODE_3	62	2	Alphanumeric
25	CONDITION_CODE_4	64	2	Alphanumeric
26	CONDITION_CODE_5	66	2	Alphanumeric
27	CONDITION_CODE_6	68	2	Alphanumeric
28	CONDITION_CODE_7	70	2	Alphanumeric
29	CONDITION_CODE_8	72	2	Alphanumeric
30	PAT_REASON_FOR_VISIT	74	7	Alphanumeric
31	PRINC_DIAG_CODE	81	7	Alphanumeric
32	OTH_DIAG_CODE_1	88	7	Alphanumeric
33	OTH_DIAG_CODE_2	95	7	Alphanumeric
34	OTH_DIAG_CODE_3	102	7	Alphanumeric
35	OTH_DIAG_CODE_4	109	7	Alphanumeric
36	OTH_DIAG_CODE_5	116	7	Alphanumeric
37	OTH_DIAG_CODE_6	123	7	Alphanumeric
38	OTH_DIAG_CODE_7	130	7	Alphanumeric
39	OTH_DIAG_CODE_8	137	7	Alphanumeric
40	OTH_DIAG_CODE_9	144	7	Alphanumeric
41	OTH_DIAG_CODE_10	151	7	Alphanumeric
42	OTH_DIAG_CODE_11	158	7	Alphanumeric
43	OTH_DIAG_CODE_12	165	7	Alphanumeric
44	OTH_DIAG_CODE_13	172	7	Alphanumeric
45	OTH_DIAG_CODE_14	179	7	Alphanumeric
46	OTH_DIAG_CODE_15	186	7	Alphanumeric
47	OTH_DIAG_CODE_16	193	7	Alphanumeric

Number	Field Name *(OP Base Data File)*	Position	Length	Field Type
48	OTH_DIAG_CODE_17	200	7	Alphanumeric
49	OTH_DIAG_CODE_18	207	7	Alphanumeric
50	OTH_DIAG_CODE_19	214	7	Alphanumeric
51	OTH_DIAG_CODE_20	221	7	Alphanumeric
52	OTH_DIAG_CODE_21	228	7	Alphanumeric
53	OTH_DIAG_CODE_22	235	7	Alphanumeric
54	OTH_DIAG_CODE_23	242	7	Alphanumeric
55	OTH_DIAG_CODE_24	249	7	Alphanumeric
56	RELATED_CAUSE_CODE_1	256	2	Alphanumeric
57	RELATED_CAUSE_CODE_2	258	2	Alphanumeric
58	RELATED_CAUSE_CODE_3	260	2	Alphanumeric
59	E_CODE_1	262	7	Alphanumeric
60	E_CODE_2	269	7	Alphanumeric
61	E_CODE_3	276	7	Alphanumeric
62	E_CODE_4	283	7	Alphanumeric
63	E_CODE_5	290	7	Alphanumeric
64	E_CODE_6	297	7	Alphanumeric
65	E_CODE_7	304	7	Alphanumeric
66	E_CODE_8	311	7	Alphanumeric
67	E_CODE_9	318	7	Alphanumeric
68	E_CODE_10	325	7	Alphanumeric
69	PROC_CODE_1	332	5	Alphanumeric
70	PROC_CODE_2	337	5	Alphanumeric
71	PROC_CODE_3	342	5	Alphanumeric
72	PROC_CODE_4	347	5	Alphanumeric
73	PROC_CODE_5	352	5	Alphanumeric
74	PROC_CODE_6	357	5	Alphanumeric
75	PROC_CODE_7	362	5	Alphanumeric
76	PROC_CODE_8	367	5	Alphanumeric
77	PROC_CODE_9	372	5	Alphanumeric
78	PROC_CODE_10	377	5	Alphanumeric
79	PROC_CODE_11	382	5	Alphanumeric
80	PROC_CODE_12	387	5	Alphanumeric
81	PROC_CODE_13	392	5	Alphanumeric
82	PROC_CODE_14	397	5	Alphanumeric
83	PROC_CODE_15	402	5	Alphanumeric
84	PROC_CODE_16	407	5	Alphanumeric
85	PROC_CODE_17	412	5	Alphanumeric
86	PROC_CODE_18	417	5	Alphanumeric
87	PROC_CODE_19	422	5	Alphanumeric

Number	Field Name *(OP Base Data File)*	Position	Length	Field Type
88	PROC_CODE_20	427	5	Alphanumeric
89	PROC_CODE_21	432	5	Alphanumeric
90	PROC_CODE_22	437	5	Alphanumeric
91	PROC_CODE_23	442	5	Alphanumeric
92	PROC_CODE_24	447	5	Alphanumeric
93	PROC_CODE_25	452	5	Alphanumeric
94	OTHER_AMOUNT	457	12	Numeric
95	PHARM_AMOUNT	469	12	Numeric
96	MEDSURG_AMOUNT	481	12	Numeric
97	DME_AMOUNT	493	12	Numeric
98	USED_DME_AMOUNT	505	12	Numeric
99	PT_AMOUNT	517	12	Numeric
100	OT_AMOUNT	529	12	Numeric
101	SPEECH_AMOUNT	541	12	Numeric
102	IT_AMOUNT	553	12	Numeric
103	BLOOD_AMOUNT	565	12	Numeric
104	BLOOD_ADM_AMOUNT	577	12	Numeric
105	OR_AMOUNT	589	12	Numeric
106	LITH_AMOUNT	601	12	Numeric
107	CARD_AMOUNT	613	12	Numeric
108	ANES_AMOUNT	625	12	Numeric
109	LAB_AMOUNT	637	12	Numeric
110	RAD_AMOUNT	649	12	Numeric
111	MRI_AMOUNT	661	12	Numeric
112	OP_AMOUNT	673	12	Numeric
113	ER_AMOUNT	685	12	Numeric
114	AMBULANCE_AMOUNT	697	12	Numeric
115	PRO_FEE_AMOUNT	709	12	Numeric
116	ORGAN_AMOUNT	721	12	Numeric
117	ESRD_AMOUNT	733	12	Numeric
118	CLINIC_AMOUNT	745	12	Numeric
119	TOTAL_CHARGES	757	12	Numeric
120	TOTAL_NON_COV_CHARGES	769	12	Numeric
121	TOTAL_CHARGES_ANCIL	781	12	Numeric
122	TOTAL_NON_COV_CHARGES_ANCIL	793	12	Numeric
123	PHYSICIAN1_INDEX_NUMBER	805	10	Alphanumeric
124	PHYSICIAN2_INDEX_NUMBER	815	10	Alphanumeric
125	INPUT_FORMAT	825	1	Alphanumeric
126	SOURCE_OF_ADMISSION	826	1	Alphanumeric
127	PAT_STATUS	827	2	Alphanumeric

Number	Field Name *(OP Base Data File)*	Position	Length	Field Type
128	PROVIDER_NAME	829	55	Alphanumeric
	Record_Length		883	

Outpatient Classification File

Number	Field Name *(OP Classification File)*	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	CCS_PRINC_DIAG_CODE	13	4	Alphanumeric
3	CCS_OTH_DIAG_CODE_1	17	4	Alphanumeric
4	CCS_OTH_DIAG_CODE_2	21	4	Alphanumeric
5	CCS_OTH_DIAG_CODE_3	25	4	Alphanumeric
6	CCS_OTH_DIAG_CODE_4	29	4	Alphanumeric
7	CCS_OTH_DIAG_CODE_5	33	4	Alphanumeric
8	CCS_OTH_DIAG_CODE_6	37	4	Alphanumeric
9	CCS_OTH_DIAG_CODE_7	41	4	Alphanumeric
10	CCS_OTH_DIAG_CODE_8	45	4	Alphanumeric
11	CCS_OTH_DIAG_CODE_9	49	4	Alphanumeric
12	CCS_OTH_DIAG_CODE_10	53	4	Alphanumeric
13	CCS_OTH_DIAG_CODE_11	57	4	Alphanumeric
14	CCS_OTH_DIAG_CODE_12	61	4	Alphanumeric
15	CCS_OTH_DIAG_CODE_13	65	4	Alphanumeric
16	CCS_OTH_DIAG_CODE_14	69	4	Alphanumeric
17	CCS_OTH_DIAG_CODE_15	73	4	Alphanumeric
18	CCS_OTH_DIAG_CODE_16	77	4	Alphanumeric
19	CCS_OTH_DIAG_CODE_17	81	4	Alphanumeric
20	CCS_OTH_DIAG_CODE_18	85	4	Alphanumeric
21	CCS_OTH_DIAG_CODE_19	89	4	Alphanumeric
22	CCS_OTH_DIAG_CODE_20	93	4	Alphanumeric
23	CCS_OTH_DIAG_CODE_21	97	4	Alphanumeric
24	CCS_OTH_DIAG_CODE_22	101	4	Alphanumeric
25	CCS_OTH_DIAG_CODE_23	105	4	Alphanumeric
26	CCS_OTH_DIAG_CODE_24	109	4	Alphanumeric
27	CCS_PROC_CODE_1	113	3	Alphanumeric
28	CCS_PROC_CODE_2	116	3	Alphanumeric
29	CCS_PROC_CODE_3	119	3	Alphanumeric
30	CCS_PROC_CODE_4	122	3	Alphanumeric
31	CCS_PROC_CODE_5	125	3	Alphanumeric
32	CCS_PROC_CODE_6	128	3	Alphanumeric
33	CCS_PROC_CODE_7	131	3	Alphanumeric
34	CCS_PROC_CODE_8	134	3	Alphanumeric
35	CCS_PROC_CODE_9	137	3	Alphanumeric
36	CCS_PROC_CODE_10	140	3	Alphanumeric
37	CCS_PROC_CODE_11	143	3	Alphanumeric

Number	Field Name *(OP Classification File)*	Position	Length	Field Type
38	CCS_PROC_CODE_12	146	3	Alphanumeric
39	CCS_PROC_CODE_13	149	3	Alphanumeric
40	CCS_PROC_CODE_14	152	3	Alphanumeric
41	CCS_PROC_CODE_15	155	3	Alphanumeric
42	CCS_PROC_CODE_16	158	3	Alphanumeric
43	CCS_PROC_CODE_17	161	3	Alphanumeric
44	CCS_PROC_CODE_18	164	3	Alphanumeric
45	CCS_PROC_CODE_19	167	3	Alphanumeric
46	CCS_PROC_CODE_20	170	3	Alphanumeric
47	CCS_PROC_CODE_21	173	3	Alphanumeric
48	CCS_PROC_CODE_22	176	3	Alphanumeric
49	CCS_PROC_CODE_23	179	3	Alphanumeric
50	CCS_PROC_CODE_24	182	3	Alphanumeric
51	CCS_PROC_CODE_25	185	3	Alphanumeric
52	EAPG_GRP_VER	188	12	Alphanumeric
53	APC_GRP_VER	200	12	Alphanumeric
54	CRG_STATUS_1	212	1	Alphanumeric
55	CRG_STATUS_2	213	1	Alphanumeric
56	CRG_STATUS_3	214	1	Alphanumeric
57	CRG_STATUS_4	215	1	Alphanumeric
58	CRG_STATUS_5	216	1	Alphanumeric
59	CRG_STATUS_6	217	1	Alphanumeric
60	CRG_STATUS_7	218	1	Alphanumeric
61	CRG_STATUS_8	219	1	Alphanumeric
62	CRG_STATUS_9	220	1	Alphanumeric
63	CRG_STATUS_10	221	1	Alphanumeric
64	CRG_CODE_1	222	5	Alphanumeric
65	CRG_CODE_2	227	5	Alphanumeric
66	CRG_CODE_3	232	5	Alphanumeric
67	CRG_CODE_4	237	5	Alphanumeric
68	CRG_CODE_5	242	5	Alphanumeric
69	CRG_CODE_6	247	5	Alphanumeric
70	CRG_CODE_7	252	5	Alphanumeric
71	CRG_CODE_8	257	5	Alphanumeric
72	CRG_CODE_9	262	5	Alphanumeric
73	CRG_CODE_10	267	5	Alphanumeric
74	CRG_SEVERITY_1	272	1	Alphanumeric
75	CRG_SEVERITY_2	273	1	Alphanumeric
76	CRG_SEVERITY_3	274	1	Alphanumeric
77	CRG_SEVERITY_4	275	1	Alphanumeric

Number	Field Name *(OP Classification File)*	Position	Length	Field Type
78	CRG_SEVERITY_5	276	1	Alphanumeric
79	CRG_SEVERITY_6	277	1	Alphanumeric
80	CRG_SEVERITY_7	278	1	Alphanumeric
81	CRG_SEVERITY_8	279	1	Alphanumeric
82	CRG_SEVERITY_9	280	1	Alphanumeric
83	CRG_SEVERITY_10	281	1	Alphanumeric
	Record_Length		281	

Outpatient Charges Data File

Number	Field Name	Position	Length	Field Type
1	RECORD_ID - not linkable to the Record_ID in the ED Inpatient PUDF or ED Research Data Files (RDFs).	1	12	Alphanumeric
2	REVENUE_CODE	13	4	Alphanumeric
3	HCPCS_QUALIFIER	17	2	Alphanumeric
4	HCPCS_PROCEDURE_CODE	19	5	Alphanumeric
5	MODIFIER_1	24	2	Alphanumeric
6	MODIFIER_2	26	2	Alphanumeric
7	MODIFIER_3	28	2	Alphanumeric
8	MODIFIER_4	30	2	Alphanumeric
9	UNIT_MEASUREMENT_CODE	32	2	Alphanumeric
10	UNITS_OF_SERVICE	34	7	Numeric
11	UNIT_RATE	41	12	Numeric
12	CHRGS_LINE_ITEM	53	14	Numeric
13	CHRGS_NON_COV	67	14	Numeric
14	FINAL_EAPG_CATEGORY_CODE	81	2	Alphanumeric
15	FINAL_EAPG_TYPE_CODE	83	2	Alphanumeric
16	FINAL_EAPG	85	5	Alphanumeric
17	APC_PROCEDURE_CODE	90	5	Alphanumeric
18	APC_PX_STATUS_IND_CODE	95	2	Alphanumeric
19	APC_WEIGHT	97	9	Alphanumeric
	Record_Length		105	

Facility Type Indicator File

Number	Field Name	Position	Length	Field Type
1	THCIC_ID	1	6	Alphanumeric
2	PROVIDER_NAME	7	55	Alphanumeric
3	FAC_TEACHING_IND	62	1	Alphanumeric
4	FAC_PSYCH_IND	63	1	Alphanumeric
5	FAC_REHAB_IND	64	1	Alphanumeric
6	FAC_ACUTE_CARE_IND	65	1	Alphanumeric
7	FAC_SNF_IND	66	1	Alphanumeric
8	FAC_LONG_TERM_AC_IND	67	1	Alphanumeric
9	FAC_OTHER_LTC_IND	68	1	Alphanumeric
10	FAC_PEDS_IND	69	1	Alphanumeric
11	FAC_CARDIOVASCULAR_IND	70	1	Alphanumeric
12	FAC_CHIROPRACTIC_IND	71	1	Alphanumeric
13	FAC_ENDOSCOPY_IND	72	1	Alphanumeric
14	FAC_FOOT_IND	73	1	Alphanumeric
15	FAC_GASTROENTEROLOGY_IND	74	1	Alphanumeric
16	FAC_GENERAL_IND	75	1	Alphanumeric
17	FAC_NEUROLOGICAL_IND	76	1	Alphanumeric
18	FAC_OB-GYN_IND	77	1	Alphanumeric
19	FAC_OPTHAMOLOGY_IND	78	1	Alphanumeric
20	FAC_ORAL_IND	79	1	Alphanumeric
21	FAC_ORTHOPEDIC_IND	80	1	Alphanumeric
22	FAC_OTOLARYRGOLOGY_IND	81	1	Alphanumeric
23	FAC_PAIN MNGMT_IND	82	1	Alphanumeric
24	FAC_PLASTIC_IND	83	1	Alphanumeric
25	FAC_THORACIC_IND	84	1	Alphanumeric
26	FAC_UROLOGY_IND	85	1	Alphanumeric
27	FAC_OTHER_IND	86	1	Alphanumeric
28	FAC_EMERGENCY_DEPARTMENT_IND [1]	87	1	Alphanumeric
29	FAC_ONCOLOGY_IND[1]	88	1	Alphanumeric
30	POA_PROVIDER_INDICATOR	89	1	Alphanumeric
31	CERT_STATUS_IP	90	1	Alphanumeric
32	CERT_STATUS_OP	91	1	Alphanumeric
	Record_Length	91		

[1] Facility Type Code added to the 4th Quarter 2020 Facility Type Data File